

YWCA Jamestown Camp Lakeside Enrollment Form

Child Information:		
Child's Full Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Child's Ethnicity/Race:	Child's Primary Language:	Child's Preferred Pronouns:

Child Permissions:	
Sun Screen / Bug Spray	<input type="checkbox"/> Yes. I DO GIVE my permission for my herein named child to apply, or have a staff member assist in the application of, sunscreen and/or bug spray when participating in outdoor activities as needed. I agree to provide the sunscreen or bug spray I wish for my child to use. <input type="checkbox"/> No. I DO NOT give my permission for my herein named child to apply, or have a staff member assist in the application of sunscreen and/or bug spray when participating in outdoor activities. Additionally, I understand the risk of exposure to the sun with unprotected skin while outdoors, and that by not providing authorization for sunscreen and/or bug spray that my child will be unable to participate in outdoor activities.
Photo Opt In / Out	<input type="checkbox"/> Yes. I DO GIVE my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown. This includes, but is not limited to: social media, website, print materials, and all other media as deemed fit. I understand that this authorization does not expire, and remains valid until I revoke such permissions in writing to the YWCA of Jamestown. I hereby assign and grant to the YWCA of Jamestown, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child, and I hereby release the YWCA of Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA program from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the YWCA, and I specifically waive any right to any compensation I may have for any of the foregoing. <input type="checkbox"/> No. I DO NOT give my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown.
Notification of Program Enrollment	<input type="checkbox"/> Yes, I DO GIVE my permission for YWCA Jamestown to share my herein named child's name with its camp partner organizations in order to notify their agency of the enrollment of my child in this camp. I understand that this authorization does not expire, and remains valid until I revoke such permissions in writing to YWCA Jamestown. <input type="checkbox"/> No. I DO NOT give my permission for YWCA Jamestown to share my herein named child's name with its camp partner organizations in order to notify their agency of the enrollment of my child in this camp. I understand that by not providing authorization for the Notification of Camp Enrollment that some services may not be made available to my child because of the lack of authorization.
Water Activity Authorization	<input type="checkbox"/> Yes. I DO GIVE my permission for my herein named child to participate in water activities at Camp Lakeside either on-site or at an off- site location. A certified Lifeguard and YWCA Staff/Camp Counselor will always be present. Water activities may include, but are not limited to water balloons, sprinkler, canoeing, kayaking, paddle boating, and/or swimming. I understand that this authorization expires on the last day of camp, or until I revoke such permissions in writing to YWCA Jamestown. <input type="checkbox"/> No. I DO NOT give my permission for my herein named child to participate in water activities at Camp Lakeside either on-site or at an off-site location.
Meal Service	<input type="checkbox"/> Yes. I DO GIVE my permission for my herein named child to receive breakfast and lunch; provided in partnership with the Jamestown YMCA, through the USDA's Summer Feeding Program. Nutritious meals will be prepared and delivered daily to the Camp Lakeside for each child. There is no charge for this. Meal menus will be provided as available from the Jamestown YMCA. <input type="checkbox"/> No. I DO NOT want my child to receive the herein described breakfasts and lunches, and instead I will ensure that my child receives breakfast PRIOR to arriving at Camp Lakeside, and additionally I will provide a healthy and nutritious lunch for my child while in attendance at Camp Lakeside.

Authorization for Enrollment:

My signature below serves as an authorization to enroll my child in the YWCA Jamestown Camp Lakeside program; I understand that the submission of this form indicates my desire for my child to be enrolled in the program in accordance with the information that I have provided herein enrollment packet as a whole.

I further understand that the submission of this form obligates me to pay a \$25.00 per child registration fee and any / all tuition fees associated with my child's enrollment and / or attendance in the program.

I understand that submission of this form does not guarantee my child an enrollment spot in the program. I understand that by submitting this enrollment form I am indicating my willingness to pay the associated costs for my child to attend and complete any or all paperwork and parent orientations as required.

By signing below, I acknowledge the above indicated permissions to be authorized or not as based on my response for each section. Further I understand that certain authorizations require written notice if I choose to later revoke my permissions.

I further attest that all the information contained herein is accurate and true. By signing below, I agree to all statements and terms contained herein this enrollment packet as a whole.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Mother / Guardian 1 Information:			
Full Name:		Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City:	State: <input type="text"/> Zip: <input type="text"/>
Employer:	Occupation:		
Email Address:		Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please describe):	
Is this person restricted from contact with the child, or otherwise restricted by court order? <input type="checkbox"/> Yes, & I will provide court documents. <input type="checkbox"/> No If yes, please explain:			

Father / Guardian 2 Information:			
Full Name:		Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City:	State: <input type="text"/> Zip: <input type="text"/>
Employer:	Occupation:		
Email Address:		Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please describe):	
Is this person restricted from contact with the child, or otherwise restricted by court order? <input type="checkbox"/> Yes, & I will provide court documents. <input type="checkbox"/> No If yes, please explain:			

Insurance Information:
Name of Carrier / Insurance Company:
Policy or Group Number:
<p>** A copy of a current / valid insurance card MUST be submitted to YWCA Jamestown prior to your child's first day.</p> <p>Copies may be sent to: Email: camp@ywcajamestown Fax: (716) 484-1752 Text: (716) 217-5684</p>

Is Camp Lakeside being used as child care while parents / guardians are working or attending school? Yes No _____

Child's Name: _____ DOB: _____

Emergency Contact 1 – REQUIRED (can NOT be a parent/guardian)		
Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State: Zip:
Relationship to the child:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact 2		
Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State: Zip:
Relationship to the child:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact 3		
Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State: Zip:
Relationship to the child:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby authorize the above listed individuals to be contacted for any reason regarding the well-being and/or safety of my child, and in the event that my child is not picked up by 4:30pm. These individuals are hereby authorized to pick up my child at any time during program hours with appropriate photo identification, unless I revoke such permission in writing to the program. All authorized emergency contact MUST be at least 18 years of age.

If my child is not picked up by 4:30pm and I cannot be reached, I authorize the program to contact the emergency contacts listed in this packet to arrange for the safe pickup of my child. I understand that if within fifteen (15) minutes of the close of the program my child has not been picked up and an emergency contact hasn't been reached, the program will contact the proper authorities at their discretion.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Schedule & Enrollment:

Billing is based upon your response to this posted schedule.
We will be billing based upon the days enrolled, not actual attendance, unless your child attends day that they were not scheuled for.

Priority for enrollment may be given to children who are enrolled Full-Time, with a set schedule.

Week 1: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 2: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 3: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 4: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 5: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 6: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 7: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 8: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

Week 9: **Attending** **Not Attending**

Full-Time (Monday – Friday) Part-Time (Please indicate below days desired)

Monday Tuesday Wednesday Thursday Friday

I, the undersigned, hereby certify that I understand that the information above is what YWCA Jamestown will use to determine the weekly billing for my child's enrollment at Camp Lakeside. I understand that I am responsible for the fees associated with the above schedule as well as any additional fees for additional service, late fees, and other charges as outlined in the parent handbook.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Child's Name: _____ DOB: _____

Medical Information	
My Child's Physician:	Phone:
My Child's Dentist:	Phone:
My Child Takes Daily Medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list medication & dosage:	
My child has chronic or reoccurring illness, medical concern, or environmental allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
My child has dietary restrictions or food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
My child has medical devices, implants, or other medically necessary items that are required during the program operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

* **Please Note:** YWCA Jamestown does **NOT** administer any medications during our program. All information above must be accompanied by documentation from the child's physician.

I acknowledge that YWCA Jamestown will attempt to collect all applicable medical and immunization information needed under NYS DOH regulations. However, I further understand that I am ultimately responsible to provide to YWCA Camp Lakeside a copy of my child's "Camp Authorization" or **medical statement** and completed **immunization record BEFORE** their first date of attendance in the event that my child's physician does not send the needed documentation or I refuse to provide authorization for YWCA Jamestown to make those requests from my child's physician.

I agree that my child may not attend YW Camp Lakeside until the YWCA Jamestown receives these required documents.

I understand that I may request these forms from YWCA Jamestown for my child's physician to complete, or I may have my child's physician fax the "camp authorization" or other medical statement indicating the child is fit to attend summer camp, and free of communicable diseases along with the current immunization record to:

YWCA Jamestown
Attn: Camp Lakeside
401 N. Main St.
Jamestown, NY 14701

Email: camp@ywcajamestown.com
Fax: (716) 484-1752
Text: (716) 217-5684

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Policies Acknowledgement:

1. I understand that I am required to provide copies of any/all court related documents pertaining to my child. I understand without official court documents on file with the camp, the camp can only uphold the requests of any parent/guardian to the extent the law allows.
2. I understand that acceptable behavior is a condition of my child's enrollment in the camp, that my child must follow the rules, policies and procedures set out in this packet, and that he/she will be subject to consequences detailed under the Discipline Action Guidelines.
3. I understand that a violation of any YWCA policies on my part or on the part of my child may result in termination from camp.
4. I give permission to the YWCA to communicate with its partners, contractors, vendors, funders, and/or Jamestown Public Schools / my child's public school on behalf of my child, and for said communications to be permissible in any format (phone, email, in-person, etc...) as deemed necessary.

The YWCA is committed to providing equal enrichment opportunities to all children enrolled at Camp, and maintains a strict policy prohibiting unlawful discrimination. No qualified participant shall, on the basis of disability, race, religion, color, sex, national origin, or ability to pay, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under the YWCA.

Informed Consent, Release Agreement, & Authorization:

I understand that participation in some activities may involve the risk of personal injury, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the Director. I understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. Children who opt to not participate may be provided an alternate activity if one is available, but may be asked to observe quietly when alternative activities are not available.

In case of an emergency involving my herein named child, I understand that efforts will be made to contact the parents/guardians and/or individuals listed as the emergency contacts regarding the situation. In the event that an authorized person cannot be reached, permission is hereby given to the medical provider selected by the YWCA and/or Director to secure proper treatment, including hospitalization, anesthesia, surgery, medical transportation, blood transfusions, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the YWCA and/or Director, medical staff, management, and/or any physician or health-care provider involved in providing medical care to my child. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the programs activities.

In the event of an emergency, regardless of the ability to contact parents, guardians, or other authorized emergency contact I hereby authorize the YWCA and/or Director to arrange for the safe transportation of my child to a medical facility of their choice, this may include calling EMS services for appropriate transportation (ie. ambulance, helicopter, etc) for which I will be responsible for.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered by the program.

I further authorize the sharing of the information on this enrollment packet and medical information on file with the program with any staff, contractors, vendors, volunteers, or professionals who need to know of medical conditions that may require special consideration in conducting program activities. With appreciation of the dangers and risks associated with program activities, on behalf of my child, I hereby fully and completely release and waive any and all claims for liability, personal injury, death, or loss that may arise against YWCA Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA Jamestown program, in this case I waive all liability against YWCA Jamestown while my child is participating in the Program.

Alternative Care Arrangements:

I understand that I am responsible to make suitable arrangements for alternative care for my child when my child is unable to attend the program, or when the program is not available to my child. I understand that in the event of cancelation of the program, I will be contacted by program staff via a variety of communication methods to make suitable arrangements for the safe dismissal of my child. I take full responsibility for making appropriate arrangements for alternative care of my child when the program is not available as care for my child, regardless of the reason care is not available (ie. Parent/guardian removal, discipline removal, cancelation, etc).

Parental Consent:

I hereby give my permission for my child to participate in the YWCA Jamestown Summer Camp and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YWCA sponsored activities. I hereby willingly waive any liability against the Jamestown Young Women's Christian Association (YWCA) it's officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child while my child is practicing for, or participating in any camp activity sponsored by the YWCA, or in any activities as a part of the YWCA Jamestown Summer Camp. I agree and support that participants are expected to follow camp rules and regulations for the health, safety, and rights of all participants. I understand that camp staff will exercise a reasonable amount of discipline to enforce these rules and that parents will be notified and expected to take home any child who infringes on the rights of others. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital by ambulance and to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein.

Parent Handbook:

I acknowledge that I am responsible to access the YWCA Parent Handbook which is available online at: www.ywcajamestown.com/camp

I agree and understand that I am responsible for reading that handbook and agree to held responsible for compliance with the contents of the handbook.

By signing below, I agree to be held responsible for compliance with all policies, rules, and regulations as stated in the Handbook. I also understand that if I need a printed copy of the Handbook, I can request one from the YWCA Jamestown or from the Camp Director at my child's program site and one will be provided to me free of charge.

I agree to all terms and conditions enclosed herein. My signature below binds me to these terms, and I solely and fully accept the responsibility of those obligations in their entirety.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Parent-Provider Childcare Contract:

1. The following contract is between _____
Parent / Guardian Name
and YWCA Jamestown at Camp Lakeside for my child _____
Name of Child in Camp
2. Standard Rates & Policies:
 - a. A yearly registration fee of \$25.00 is required for each child enrolled in care.
 - b. The daily rate is \$_____ per day or \$_____ per week, per child.
 - c. Any child who is enrolled, but does not attend the program could be counted as absent; those absences may impact your billing. Absences due to illness do not count against the child's attendance. All other absences will be counted.
 - d. Billing is based on the days the child is enrolled to attend, not the actual attendance. There is no refund or discount for scheduled days that a child does not attend; days cannot be exchanged for other days of the week. Additional days will be added to billing as we staff each day based on expected attendance as per NYS OCFS regulations.
 - i. Should the child need to attend on an unscheduled day a parent should contact the program to ensure there is space for the child to attend. The additional day will be added to your bill.
 - e. Payment is required weekly.
 - f. Invoices will be delivered via email and/or parent portal access on a monthly basis.
 - g. Payments are accepted as:
 - i. Cash & Check – In person at YWCA Jamestown (401 N. Main St. - Jamestown)
 - ii. Credit Card – Online via link on invoice, through parent portal, or in person at YWCA Jamestown (401 N. Main St.)
 - h. Late fee will be charged in the amount of \$10.00 per week that my payment is late, for each week my account is delinquent. Late fees will accrue on each following week thereafter until the balance is paid or the account is turned over to a collection agency.
 - i. Accounts more than one-week delinquent, my child(ren)'s spot in the program will be terminated and my account will continue to accrue late payment fees until my account is paid in full or turned over to a collections agency.
 - j. Delinquent accounts will be turned over to a collection agency, at an additional charge / fee of at least \$25.00.
 - k. An outstanding balance will prevent the enrollment of any child(ren) in any YWCA Program by a parent/guardian listed herein until the delinquent balance is paid in full.
 - l. It is the responsibility of the payor to collect and retain a receipt for all payments made to YWCA Jamestown.
 - i. We highly recommend making all payments online through our Parent Portal as part of our Zoho system, which is available free of charge to all families; this will track all payment for you and give you the ability to run your own reports for tax purposes.
 - m. Additional fees will apply in accordance with the pick-up policy as outlined in the Parent Handbook.
 - n. In the event a clerical error is made, or subsidy case status changes, the corrected account balance will be sent to the responsible party. Late fees will not apply in this case.
 - o. I agree to all terms and conditions outlined in the Parent/Student Handbook regarding payments, late fees, late pick-up fees, and the policies regarding scholarships.
3. Damages:
 - a. Costs for damages to program property will be the responsibility of the herein signed financially responsible adult. Only in the case where the program is negligent shall there be no charge for child inflicted damages.
4. Termination of Care and Contract:
 - a. This contract begins when the contract signed, or on the child's first scheduled day for attendance.
 - b. This contract may be terminated by either party for any reason.
 - c. Termination by the child's parent/guardian requires at least one a week notice, in writing. Failure to provide one week notice will result in one week additional being billed as required notice.
5. Changes:
 - a. Any changes may require the implementation of a new contract.

6. Subsidy:

- a. YWCA Jamestown does accept subsidy cases from the Chautauqua County Department of Health and Human Services (DHHS/DSS).
- b. All subsidy cases are required to pay per contract rates until subsidy case is confirmed with DHHS/DSS.
 - i. Any payment made prior to DHHS approval date, if covered by DHHS will be either applied towards future weekly family co-pays or issued as a refund back to the payer.
- c. Do you intend to use a Chautauqua County DHHS/DSS subsidy to pay for your child's attendance? Yes No
 - i. If Yes, do you have an active DHHS/DSS subsidy case with Chautauqua County? Yes No
 - 1. If Yes, what is your weekly co-pay \$ _____, and my caseworkers name is: _____
 - 2. If No, you will need to apply as soon as possible, and make payments as per this contract until your case is reviewed by DHHS/DSS.
- d. Any lapse in coverage for DHHS/DSS subsidy cases will be billed to and the responsibility of the financially responsible adult.
 - i. This includes any absences that exceed the DHHS/DSS limit, those charges will be billed to the financially responsible adult.
- e. All families intending on using subsidies provided by DHHS/DSS MUST first complete additional paperwork with YWCA Jamestown, and return the paperwork in hard copy, with original information and signature printed in BLUE INK.

Financially Responsible Individuals Contract REQUIRED Information:			
Full Name:	Primary Phone Number:	Adult's Date of Birth:	
Address:	City:	State:	Zip:
Relationship to the child:	Work / Secondary Phone Number:	Adult's Social Security Number:	

The above information is **required** as part of New York State Department of Taxation and Finance regulations regarding the extension of credit to anyone who is receiving a service, in this case childcare, prior to payment for the service. All information above is required, and omission of any information will result in rejection of the enrollment form.

My signature below signifies my financial responsibility in accordance with this contract, and acknowledges that I will be held financially responsible to YWCA Jamestown for the services provided to me and/or my child. I accept all terms and conditions outlined in this contract and in the Parent Handbook, which is available on our website at: www.ywcajamestown.com/camp

I acknowledge that the information contained herein will be used by the YWCA to maintain financial accounting for my child in this program, and may be used in the collections process should my account become delinquent.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Child's Name: _____ DOB: _____

Authorization to Obtain Copies of Medical Records

I, the undersigned, authorize the herein named physician to release the indicated medical records to YWCA Jamestown for the herein named child.

Physician: _____

Phone: _____

Fax: _____

Patient / Child's Name: _____ Date of Birth: _____

Records should be sent to: YWCA Jamestown. Attn: Camp Lakeside
Fax: (716) 484-1752
Email: camp@ywcajamestown.com

I request the following information be disclosed to YWCA Jamestown:

- My child's "Camp Authorization" or most recent **medical statement** indicating that my child has been evaluated and is free of contagious disease and may participate in summer camp.
- Completed **immunization record**.

I acknowledge:

1. I understand that the disclosed information may be redisclosed in accordance with law and may no longer be protected by privacy requirements. Further, I understand that if the authorized recipient is not a provider, health plan, or clearinghouse required to comply with federal privacy standards, the information disclosed pursuant to this authorization may no longer be protected. However, other state or federal law may prohibit the recipient from disclosing specially protected information, e.g., substance abuse treatment information, HIV/AIDS-related information, and mental health information.
2. I understand that I am under no obligation to sign this form; I may choose to provide directly to YWCA Jamestown the New York State required forms, signed by a physician, for my child. I understand that I may revoke this Authorization by notifying YWCA Jamestown in writing of my revocation. To revoke this authorization, contact YWCA Jamestown, 401 N. Main St., Jamestown, NY 14701. I am aware that my revocation will not be effective until received by YWCA Jamestown and will not affect uses and/or disclosures prior to its receipt.
3. I understand that this authorization expires on year from the date signed, unless otherwise revoked.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date