



Dear Families,

Caring for a loved one who has been diagnosed with a chronic physical or mental illness has an impact upon the entire family. Not only does it produce change within the individual who has the chronic illness, it also produces change in the lives of each family member. Specifically, siblings of individuals with a chronic illness face the challenges of coping with the diagnosis, understanding the illness and what it means for their siblings, and adjusting their daily routine according to the new needs of their siblings. Thus, they often may feel that their needs are less important and they sometimes find themselves facing emotions of confusion, fear, jealousy, anxiety, helplessness and anger.

We would like to introduce to you a program that has been developed to provide information and psychosocial support in a safe and fun-filled environment. "The Bus Stop Club" is a **FREE** program for siblings (ages 7 to 15) of chronically ill children. It consists of monthly sessions held on weeknights. These sessions allow siblings to share experiences, to ask questions, and to learn about the disease process that their brother or sister is experiencing. It also includes fun activities such as swimming, basketball, arts n' crafts, etc. These sessions currently take place at Capital District area YMCA's. A list of locations can be found on our website at [www.BusStopClub.com](http://www.BusStopClub.com).

If you would like further information or want to register your child for "The Bus Stop Club," please email us at [info@BusStopClub.com](mailto:info@BusStopClub.com) or you can visit us on the web at [www.BusStopClub.com](http://www.BusStopClub.com). Registration forms are available online.

**"Hop on Board" today and join The Bus Stop Club**

Regards:

"The Bus Stop Club"



Here is a list of sample program activities that take place, as well as a list of what to bring to “The Bus Stop Club” program.

- The program will begin at 6 PM or 6:30 PM with everyone meeting at the YMCA Conference Room.
- We will then introduce ourselves and allow the children to meet one another while eating pizza, wings, fruits -n- veggies, cookies, etc... Food will be provided for everyone.
- After eating, we will split up by age into various groups and do various small-group activities.
- Next comes the choice of swimming, playing games, going to the gym to play a sports activity, doing an arts-n-crafts project, etc... If you would like to swim, bring your bathing suit. All other supplies for sporting games, other games, and arts-n-crafts will be provided.
- We will have a quick wrap-up session in the Conference Room, as well as a quick discussion of the next month’s activities. The session will end around 8 PM or 8:30 PM.

**In the event of a potential cancellation (ie. Inclement weather), call 221-4402 and we will be able to tell you whether the program will take place or not. We will then be in touch as to when the next program date will be.**



## **Application for Membership in the Bus Stop Club** **"Hop on board"**

**Please fill out this form to help us get to know your child/children.**

Name of Child Attending: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate which area YMCA you would prefer to attend meetings at: \_\_\_\_\_  
(Note: A complete list of available locations can be found at [www.BusStopClub.com](http://www.BusStopClub.com))

Hobbies (sports, swimming, arts-n-crafts, reading, music, chess, etc...): \_\_\_\_\_

\_\_\_\_\_

Is there anything in particular that you, as a parent/guardian, are hoping to gain from this experience?

\_\_\_\_\_

Is there anything in particular that your child is hoping to gain from this experience?

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Return this form with the "Parental Authorization for Treatment"**



# Enrollment Form

## Child Information (Please Print)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

School: \_\_\_\_\_ \*Grade: \_\_\_\_\_  
(\*Entering in Fall if applying during Summer months)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent / Guardian Information (Please Print)

Parent/Guardian Name (Primary Contact): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If separated or divorced, who has legal custody?  
\_\_\_\_\_

*\*Note: Court Order is needed if parent is denied access to a child*

## Pick-Up Authorization (Please Print)

*I authorize the following people to pick up my child from The Bus Stop Club.  
All authorized persons MUST BE 16 years of age and may be asked to show PHOTO ID.*

**Please list name, relationship to child, phone #**

1. \_\_\_\_\_

2. \_\_\_\_\_

**\*\*Please Note:** Any additions to the pick up list must be made in writing. No verbal authorizations will be accepted.



## Emergency Information

### *Emergency Contacts (If parents cannot be reached)*

\_\_\_\_\_  
Name/ Relationship/ Phone

\_\_\_\_\_  
Name/ Relationship/ Phone

## Medical Information (Please Print)

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

### *Allergies & Special Needs (attach a separate sheet if necessary)*

Does your child have any allergies? Y or N Please list:

\_\_\_\_\_

Does your child take any medication? Y or N Please list:

\_\_\_\_\_

Does your child have any special needs? Please describe:

\_\_\_\_\_

Are you child's immunizations up to date? Y or N

### *Physician Information*

Physician Name: \_\_\_\_\_

Office Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



**Parental Authorization for Treatment**

In the event I cannot be reached, in case of an EMERGENCY, I hereby give permission to the physician selected by the Bus Stop Club Director to hospitalize and to secure treatment for my child. My child, who is named above, has my permission to engage in all Club activities at the YMCA except as noted by me on this form here:

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List any activities in which your child may not participate

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Print Parent/Guardian Name

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Signature

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Date

**Parent Agreement**

My child may attend The Bus Stop Club at the YMCA and I certify that he/she is capable of participating in Club activities. I understand that the YMCA and The Bus Stop Club do not carry health and accident insurance and that I am responsible for health--incurred costs. I do hereby assume full responsibility for any and all damages, injuries or losses that my child may sustain or incur, if any, while attending or participating in any Club event.

I also grant the YMCA, The Bus Stop Club, Inc and their agents' full authority to take whatever action they deem necessary regarding my child's health and safety; and I fully release the Capital District YMCA, and The Bus Stop Club, Inc from any liability in connection to those decisions. I understand that there is risk of injury associated with participation in any Club event and I certify that my child is in good physical condition and has no disabilities that might hamper his/her participation. I understand my child must comply with Club rules and standards of particular behavior. I agree that the YMCA has the right to enforce appropriate standards of conduct and may dismiss any person who infringes upon the rights of others. Further, I give my consent for the use of any photographs, slides or videotapes, which may include my child, to be used in YMCA and The Bus Stop Club, Inc promotional materials. Objections to either of these must be done so in written form and should be submitted to the Club Director.

I certify that all of the information provided on this Agreement form is correct and true.

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Print Parent/Guardian Name

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Signature

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Date