



YMCA Child Care Enrollment Application

Child's Name _____ Sex _____ Birth Date _____
 Child's Name _____ Sex _____ Birth Date _____
 Child's Name _____ Sex _____ Birth Date _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____ Day of Admission _____
 School Attending _____

Name of person completing enrollment application _____

IDENTIFICATION INFORMATION

Mother's Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment/School ____:____ to ____:____
 Authorized to take child from the facility ____ Yes ____ No

Authorized to access and change personal information ____ Yes ____ No

Father's Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment/School ____:____ to ____:____
 Authorized to take child from the facility ____ Yes ____ No

Step Mother's Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment/School ____:____ to ____:____
 Authorized to take child from the facility ____ Yes ____ No

Step Father's Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment/School ____:____ to ____:____
 Authorized to take child from the facility ____ Yes ____ No

Child lives with _____

I have received the Parent's Manual. I agree to adhere to the policies and procedures of the YMCA Child Care Program.

I understand that the person completing the enrollment application has the sole right to access and change information unless otherwise indicated.

Parent/Guardian Signature _____

Date _____

YMCA Child Care Enrollment Application Continued

EMERGENCY CONTACTS

Physician _____ Clinic/Hospital _____
Address _____ Phone _____

EMERGENCY CONTACT OTHER THAN PARENTS OR DOCTOR (IN IMMEDIATE AREA)

1. Name _____ Relationship _____
Address _____ Home Phone _____ Work Phone _____
Authorized to take child from the facility. Yes No Cell Phone _____
2. Name _____ Relationship _____
Address _____ Home Phone _____ Work Phone _____
Authorized to take child from the facility. Yes No Cell Phone _____

ADDITIONAL PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

1. Name _____ Relationship _____
Address _____ Phone _____
2. Name _____ Relationship _____
Address _____ Phone _____
3. Name _____ Relationship _____
Address _____ Phone _____

PERMISSION STATEMENTS:

- Children can go to outside programs at the school if the YMCA Child Care staff are notified.
- **My child has permission** to attend field trips. Yes No
- **My child has permission** to go on neighborhood walks. Yes No
- **I give permission** to the YMCA Child Care staff to administer immediate first aid to my child when injured. Yes No
- **I give permission** for my child to be involved in any publicity or press releases for the YMCA Child Care Program. This includes photographs and interviews. Yes No
- **I understand** that students who have chronically poor behavior or poor attendance may be asked to leave the program. Yes No
- My name and address may be shared with collaborative partners for statistical purposes only. Yes No

Parent's Signature _____ Date _____

COMMENTS ON CHILD'S DEVELOPMENT

- Does your child have any physical disabilities or limitations?

- Does your child have allergies? If so, what are they?

- Additional comments _____

- Is there any other information that we should be aware of regarding your child's development, medical concerns, or habit?

OPTIONAL (For YMCA statistical purposes only)	
RACE	CHILD LIVES WITH
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Both Parents
<input type="checkbox"/> African-American	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Extended Family
<input type="checkbox"/> Asian	<input type="checkbox"/> Foster/Guardian
<input type="checkbox"/> Native American	<input type="checkbox"/> Other
<input type="checkbox"/> Other	