



# YMCA Child Care Enrollment Form

## Child #1

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

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female (please circle)

## Child #2

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

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female (please circle)

## Child #3

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

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female (please circle)

## Child #4

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

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female (please circle)

## Mother/ Guardian Name (please circle one) \_\_\_\_\_

Street Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

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

Birth date (Required) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current YMCA member? Y/N Key Fob # \_\_\_\_\_

## Father/ Guardian Name (please circle one) \_\_\_\_\_

Street Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

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

Birth date (Required) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current YMCA member? Y/N Key Fob # \_\_\_\_\_

## Medical Information:

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Ins. Co. Name \_\_\_\_\_ Ins. Policy Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

**Every effort is made to immediately contact parents in case of any emergency. We will use contact information you have provided. Please ensure that this form is filled out in its entirety. In the event we are unable to contact you, two LOCAL EMERGENCY CONTACTS (relatives, friends, coworkers, neighbors, etc) must be provided to help locate you.**



# YMCA Child Care Enrollment Form

**Emergency Contact Information (if parent is unavailable)** Provide 2 names with phone numbers

Name	Relationship	Home phone	Cell phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

\_\_\_\_\_ (initial) In the event my child may require emergency medical, dental and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for treatment to the doctor/hospital listed below his or her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

### **Child pickup information:**

I hereby give permission for my child to leave the center with the following person(s) named below. This person must be able to produce a picture I.D. upon request. It is the responsibility of the parent to notify the center, in writing, of any changes. These people will also be given a key fob to check in and out when picking up the child.

#### **Additional Authorized Pickup #1**

Street Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

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

Birth date (Required) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current YMCA member? Y/N Key Fob # \_\_\_\_\_

#### **Additional Authorized Pickup #2**

Street Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

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

Birth date (Required) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current YMCA member? Y/N Key Fob # \_\_\_\_\_

#### **Additional Authorized Pickup #3**

Street Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

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

Birth date (Required) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current YMCA member? Y/N Key Fob # \_\_\_\_\_

#### **Additional Authorized Pickup #4**

Street Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

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

Birth date (Required) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current YMCA member? Y/N Key Fob # \_\_\_\_\_

If there is a separation, divorce, or custody problems of which we should be aware of, please explain below:

\_\_\_\_\_

\_\_\_\_\_

**Name of person (s) who may NOT pick up your child. Legal documentation must be provided.**

\_\_\_\_\_

\_\_\_\_\_

This consent will remain in effect while the child is enrolled in this facility until new paperwork is completed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# YMCA Child Care Permission Form

Please fill out one form per child

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

Please check Yes or No in the boxes below:

Yes	No	
		I HEREBY GRANT PERMISSION FOR MY CHILD'S NAME OR PICTURE TO BE USED IN NEWSPAPER AND OTHER MEDIA.
		I HEREBY GRANT PERMISSION FOR MY CHILD TO BE VIDEOTAPED AND/OR PHOTOGRAPHED AT THE CENTER AND ALL YMCA FACILITIES IN CONNECTION WITH THE CENTER/Y FACILITIES AND ITS ACTIVITIES.
		I HEREBY GRANT PERMISSION FOR THESE PICTURES TO BE GIVEN TO THE PARENTS OF OTHER CLASSMATES (GROUP PICTURES, ETC.)
		I AGREE NOT TO EXPLOIT ANY PICTURES GIVEN TO ME, IN ANY WAY.
		I HEREBY GRANT PERMISSION FOR MY CHILD TO BE INVOLVED WITH READING, SPEECH, AND OBSERVATION ACTIVITIES PERFORMED BY STUDENTS ENROLLED IN EDUCATION CLASSES AND RELATED ACTIVITIES.
		I HEREBY GRANT PERMISSION FOR MY CHILD TO LEAVE THE CENTER PREMISES UNDER THE SUPERVISION OF STAFF MEMBERS FOR NEIGHBORHOOD WALKS AND FIELD TRIPS AND TO BE TRANSPORTED TO SUCH ACITIVITIES IF NECESSARY, FOLLOWING STATE REGULATIONS AND RATIOS.
		I HEREBY GRANT PERMISSION, WITH COMPLETED MEDICATION RELEASE FORM, FOR THE STAFF TO USE DIAPER CREAM OR OTHER OTC MEDICATION (i.e. Tylenol, Orajel, etc) AS NEEDED FOR MY CHILD. THIS MEDICATION WILL BE PROVIDED FROM MY HOME AND MARKED WITH MY CHILD'S NAME. (Mark N/A under NO if your child no longer uses diaper cream).
		I HEREBY GRANT PERMISSION FOR THE STAFF TO USE SUNSCREEN AS NEEDED FOR MY CHILD.
		I CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND FREE OF ANY COMMUNICABLE DISEASE.

This consent will be in effect beginning \_\_\_\_\_ and will continue while this child is enrolled in this program.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date