



Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Care Hours: From _____ to _____

Days of the Week in Care: M T W TH F

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name	Address	Work #	Home #
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Name	Address	Work #	Home#
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Name	Address	Work #	Home #
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Liability Release:

I give permission for my child to participate in Youth Development at the YMCA. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the Greater Marco Family YMCA as well as its staff members and volunteers from all liability due to injury, loss, or damage, which may occur on the YMCA property while my child participates in the activities of this program. By registering I acknowledge that I have read and understand, and voluntarily agree to this authorization and release.

Program Permissions: (please circle yes or no)

My child may go swimming in the YMCA pool: yes no
 Sunscreen may be used on my child at staff discretion: yes no
 Bug Repellant may be used on my child at staff discretion: yes no
 Parent provided diaper cream may be used at staff discretion: yes no
 I authorize any photos taken of my child to be used for program or advertising purposes:
 yes no

Compliance with State Regulations and Program Policies (please initial)

_____ A copy of the brochures "Know Your Child Care Center" and (65c-22.006(4-1)) and "The Flu" a Guide for Parents (CF/PI 175-70) has been received

_____ A copy of the YMCA Youth Development Handbook which highlights policies and disciplinary procedures has been received.

_____ I understand that if my child will be late to school or absent I must alert the facility by 9am of the change in schedule.

_____ I understand that if I choose to withdraw from the program I must give a 15-day written notice. My enrollment and draft will remain in effect for the full 15 days including additional fees that may occur during that period. This notice must be received in writing via email for the date stamp.

_____ I understand that I am responsible for packing a healthy lunch each day for my child that meets four food groups. (protein, dairy, grain, fruit/vegetable)

_____ I understand that the YMCA does not allow sugary sweets, cakes, cookies, etc... for celebrations due to the HEPA (Healthy Eating and Physical Activity) Standards followed within the Healthy Living facility as part of the mission of the YMCA. Substitutions of fruit and healthy alternatives may be used for birthdays, holidays etc...

Signature	Print Name	Date
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