



**YMCA CHILD CARE PROGRAMS
ENROLLMENT FORM**



School Attending:		Member #:	
Start Date:		Withdrawal Date:	
Days of Care:	M T W TR F	Hours of Care:	

Child's Information:

Last Name:		First Name:	
Date of Birth:		Home Tel. #:	
School Attending:		School #:	
Home Address:		City/State/Zip	
Parent's Marital Status:		Custodial Parent:	

Mother's Contact Information:

Name:		DL#:	
Employer:		Work Tel. #:	
Date of Birth:		Cell #:	
Home Address:		City/State/Zip	
Email Address:			

Father's Contact Information:

Name:		DL#:	
Employer:		Work Tel. #:	
Date of Birth:		Cell #:	
Home Address:		City/State/Zip	
Email Address:			

Emergency Contacts and People Authorized to Pick Up My Child:

Name:		DL#:	
Employer:		Work Tel. #:	
Date of Birth:		Cell #:	
Home Address:		City/State/Zip	

Name:		DL#:	
Employer:		Work Tel. #:	
Date of Birth:		Cell #:	
Home Address:		City/State/Zip	

Name:		DL#:	
Employer:		Work Tel. #:	
Date of Birth:		Cell #:	
Home Address:		City/State/Zip	

Signature _____ Date _____



**YMCA CHILD CARE PROGRAMS
ENROLLMENT FORM**



Allergies and Special Conditions

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications being taken

Please list any medications your child is taking _____
I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA After-School and Day Camp programs.

Admission Agreement/Parent Information Packet Receipt/Releases

TRANSPORTATION: I hereby give my consent for my child to be transported by YMCA staff to or from YMCA events.
_____ (Parent Initials)

WATER ACTIVITIES: I hereby give my consent for my child to participate in water activities.
_____ (Parent Initials)

IMMUNIZATION RECORDS: All immunization records including TB, Hearing and Vision test results are on file in school office.
_____ (Parent Initials) **(Some programs may require copies of your child's immunization records)*

POLICIES AND PROCEDURES: I have received a copy of the YMCA After-School and/or Day Camp Program Parent Hand-book. (Contains school age information and statements)
_____ (Parent Initials)

I have read the Admissions Agreement and fully agree to its terms. I have also read and accept the policies and procedures (parent handbook) stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying authorization and consent to medical treatment of minor and the parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me. In the event that I cannot be reached in an emergency I hereby give my permission to the YMCA staff to administer first aid and/ or transport to nearest hospital. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes taken at child care or day camp sites showing my child in activities for use in public relations, promotional or advertising purposes.

Signature _____ Date _____
(Parent/ Legal Guardian)

* * * * *

Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital.

Name of Licensed Physician: _____ Phone: _____

Address: _____
Street Suite# City Zip

Signature _____ Date _____
(Parent/ Legal Guardian)

For Office Use Only

Staff Verifying Form: _____ Date: _____
Approved by: _____ Date: _____

Membership

Full
Activity