



**Enrollment Information:**

(To be completed in full by Parent/Guardian and returned with registration fee)

First Name: \_\_\_\_\_  Male  Female Birth date: \_\_/\_\_/\_\_  
(Last) (First) (MI) (Nickname)

School Attending: \_\_\_\_\_ Grade: 2011-2012: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sibling's Names and Ages: \_\_\_\_\_

Parent /Guardian #1: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address \_\_\_\_\_

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

Employer: \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address \_\_\_\_\_

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

Employer: \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

**Information about your child's likes and dislikes MUST be filled out below:**

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes and dislikes). \_\_\_\_\_

**MEDICAL**

Medications child is currently taking: \_\_\_\_\_

Does your child have any known allergies:  Yes  No

Explain: \_\_\_\_\_

In case of an allergic reaction, what action should be taken \_\_\_\_\_

Date of Child's Last Tetanus Shot: \_\_\_\_\_

Does your child have any special needs? Hearing  Vision  Speech  Seizures  Other

Describe other \_\_\_\_\_

Has your child recently had an operation or any serious injury? Yes  No

Does your child have any chronic or reoccurring illnesses? Yes  No

Do you have any physical or medical concerns we should be aware of? Yes  No

Special Needs: \_\_\_\_\_

Services received through school: \_\_\_\_\_

If you indicated yes to any above, please describe: \_\_\_\_\_

**Emergency**

**In case of an emergency, person to contact first:**  Mother  Father  Guardian

In the event that I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/legal guardians of the above named minor do hereby appoint the YMCA staff to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization in my/our absence for above named minor.

Parent/Guardian Signature #1: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent/Guardian Signature #2 : \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Child's Physician: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist Requested: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Medical/Hospital Insurance:**

Carrier: \_\_\_\_\_ Policy or Group ID#: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Marital Status  Married  Divorced  Single  Widowed

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

Is child's time divided between parents because of divorce or separation?  Yes  No

How it is divided? \_\_\_\_\_

*Note: Court orders are needed if parent is denied access to the child.*

I as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator

Date

## Consent to Release Information:

I give permission for my child to be released from the YMCA Child Care Program with the following people. I further understand that the people listed below must show identification for a child to be released. It is required, whenever possible, that parents notify YMCA staff in advance if listed person other than themselves is picking up your child

Person(s) to whom your child may be released in your absence:

1. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/pager \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/pager \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/pager \_\_\_\_\_

**Staff: Parents must cross out any deletions, sign and date. Staff should not make any changes. Any additions should be added by the parent/guardian and initialed.**

Name and Relationship to Child	Phone Numbers	Date Added
1.		
2.		
3.		

**Please initial each item below:**

- \_\_\_\_\_ I have read the "Parent Handbook" and hereby agree to comply with the procedures of the CHATHAM YMCA After School Program regarding fees, discipline, attendance and all other information as listed in the handbook.
- \_\_\_\_\_ I hereby give my permission to the YMCA to use photos of my child as a After School Participant in promotional literature used by the YMCA.
- \_\_\_\_\_ I give permission for my child to play outside the fenced play area.
- \_\_\_\_\_ I have been given a copy of the program's discipline policy. I am at liberty to discuss this policy with the director at any time.
- \_\_\_\_\_ I have been given a copy of the Summary of NC Child Care Law and Rules. (see Parent Handbook)
- \_\_\_\_\_ I give permission for my child/children to watch G rated movies.

**Date Signed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**CHATHAM YMCA**  
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