

2011-2012 Youth Enrichment

Please Print Legibly and Include Your Program Membership Fee.

Program Start Date _____

For Office Use Only	
<input type="checkbox"/> Payment information	<input type="checkbox"/> Faxed to:
<input type="checkbox"/> Entered in Computer	<input type="checkbox"/> Branch
<input type="checkbox"/> Copied	<input type="checkbox"/> BAS (Site 1)
<input type="checkbox"/> On Rosters	<input type="checkbox"/> BAS (Site 2)
<input type="checkbox"/> CCDF G Form	<input type="checkbox"/> BAS/K+ Site
	<input type="checkbox"/> Called BAS Dir.



1st Child's Name: Check here if your child attended last year

First _____ Middle _____ Last _____ Birthdate ____/____/____ Gender M F
 Age ____ Race _____ Branch _____ School Attending _____ Grade in Fall _____
 Attendance: 1-2 Days 3-5 Days Before-School Care After-School Care Before & After-School Care K-Plus Generation Y Schools Out Camp
 The YMCA **does not** have my permission for this child to be photographed and/or interviewed for promotional purposes.

2nd Child's Name: Check here if your child attended last year

First _____ Middle _____ Last _____ Birthdate ____/____/____ Gender M F
 Age ____ Race _____ Branch _____ School Attending _____ Grade in Fall _____
 Attendance: 1-2 Days 3-5 Days Before-School Care After-School Care Before & After-School Care K-Plus Generation Y Schools Out Camp
 The YMCA **does not** have my permission for this child to be photographed and/or interviewed for promotional purposes.

3rd Child's Name: Check here if your child attended last year

First _____ Middle _____ Last _____ Birthdate ____/____/____ Gender M F
 Age ____ Race _____ Branch _____ School Attending _____ Grade in Fall _____
 Attendance: 1-2 Days 3-5 Days Before-School Care After-School Care Before & After-School Care K-Plus Generation Y Schools Out Camp
 The YMCA **does not** have my permission for this child to be photographed and/or interviewed for promotional purposes.

Parent(s) / Guardian(s) Information *Information will be used for accounting questions, emergencies and pick-up verification

Parent / Guardian #1 _____ Relationship to child _____ Birthdate ____/____/____ (required)
 Home Phone _____ Mailing Address _____ City _____ Zip _____
 Business Phone _____ Business Name _____
 Cell Phone _____ E-Mail Address _____

Parent / Guardian #2 _____ Relationship to child _____ Birthdate ____/____/____ (required)
 Home Phone _____ Mailing Address _____ City _____ Zip _____
 Business Phone _____ Business Name _____
 Cell Phone _____ E-Mail Address _____

Other Information

Check here if you have a YMCA Family Membership I would like to help someone less fortunate attend YMCA child care who might otherwise be unable to participate. Please indicate your tax-deductible gift amount and add it to your registration fee.
 Check here if your child / children is a YMCA Employee Dependent
 Check here if your child / children is a School Employee Dependent
 Please list school you are employed with: _____ \$10 \$25 \$50 \$100 Other \$ _____
 (verification required)

Insurance Information

Insurance Co. _____ Policy Number _____
 Name of Family Physician _____ Phone _____

Does your child have any physical conditions (including allergies), special needs or require any special attention that we should know about?

1st Child's Name _____ Conditions / Needs _____ Medications / Allergies _____
 2nd Child's Name _____ Conditions / Needs _____ Medications / Allergies _____
 3rd Child's Name _____ Conditions / Needs _____ Medications / Allergies _____

Please list additional names and phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up your child / children. Anyone picking up your child must be 18 years of age or older and a photo identification is required. Changes to this list must be done in writing and may only be done by the parent/guardian whose signature appears on this registration form. Not necessary to include parent/guardian information already listed above.

Name _____ Relationship _____ Phone (____) _____ Cell (____) _____
 Name _____ Relationship _____ Phone (____) _____ Cell (____) _____
 Name _____ Relationship _____ Phone (____) _____ Cell (____) _____
 Name _____ Relationship _____ Phone (____) _____ Cell (____) _____

