



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALLEGHANY HIGHLANDS YMCA
Early Learning Program

REGISTRATION FORM

OFFICE USE ONLY	
Enrollment Date:	_____
Withdrawal Date:	_____
Child's File	_____
Transport Copy	_____
Teacher	_____
Financial Code	_____
General Code	_____

Site: _____ **Program:** _____ **Ethnicity** _____
Child's Name: _____ **Race** _____
Nickname: _____ **Sex:** **Male** **Female**
Address: _____
Home Phone: _____ **Child's Grade:** _____ **School:** _____
Date of Birth: _____ **Birth Certificate #:** _____ **Staff Verification:** _____

PARENT/GUARDIAN INFORMATION

Mother: _____ **Employer:** _____ **Business Phone:** _____
Home Address: _____ **Home/Cell Phone:** _____
Email Address: _____
Father: _____ **Employer:** _____ **Business Phone:** _____
Home Address: _____ **Home/Cell Phone:** _____
Email Address: _____

****Person(s) or Agency with Legal Custody:**

Address: _____ **Home/Cell Phone:** _____
Employer: _____ **Business Phone:** _____
Email Address: _____

EMERGENCY INFORMATION

Allergies or intolerance to food, medicine, etc.
Action to be taken in case of an emergency:

Child's Physician _____ **Office Phone:** _____

Name, physical address and phone number of 2 people to contact if parents cannot be reached:

Name: _____ **Address:** _____ **Phone:** _____
Name: _____ **Address:** _____ **Phone:** _____

Person(s) authorized to pick up child:

****Specific Person(s) NOT authorized to pick up child:**

**Appropriate paperwork such as a divorce decree must be attached if a parent is not allowed to pick up their child.

**Chronic physical problems/
pertinent developmental information/
accommodations needed:**

PREVIOUS CHILD CARE INFORMATION

List name, address and time frame of previous child care provider(s) and previous school(s):

Name: Address: Date from: to:

Name: Address: Date from: to:

Name: Address: Date from: to:

List any additional program or school that the child is currently attending:

Name: Address: Grade/class level:

AGREEMENTS

- The Parent/Guardian gives authorization for their child to:
 - Be photographed, videoed, or interviewed while participating in YMCA programs
 - Participate in the center's transportation and field trips
 - Participate in swimming programs as posted.
 - Participate in supervised walks with at least 2 staff on suitable days, not to exceed 20 minutes, of the surrounding neighborhood while the Director has an approved written plan of the walk and access to the children.
 - Have the following over the counter products applied (mark all that apply):

Diaper rash ointment	Insect repellent	Sunscreen
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Has your child ever had an adverse reaction to any of these products? Yes No

If yes, which one(s)
- The Parent/Guardian will inform the center within 24 hours or the next business day if any member of the immediate household develops any communicable disease. Life threatening diseases must be reported immediately.
- The Parent/Guardian authorizes center staff to obtain immediate medical care if any emergency occurs when he/she cannot be reached.
- Center staff agrees to make every effort to contact the Parent/Guardian whenever the child becomes ill and the Parent/Guardian will arrange to have the child picked up as soon as possible.
- The Parent/Guardian has received the Parent Handbook and agrees to adhere to the policies and procedures stated therein.

SIGNATURES

Parent/Guardian's Signature

Date

Center Administrator's Center

Date