



# YMCA CHILD CARE PROGRAM REGISTRATION FORM

Date Registered \_\_\_\_\_

Please fill out this application completely. Accurate information is necessary so that we may best serve your family. It is your responsibility to notify us in writing of any changes.

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Employer Address \_\_\_\_\_

WHO IS CHILD'S LEGAL GUARDIAN? \_\_\_\_\_

**Emergency Contacts/Pick Up Alternatives**

*These persons will be authorized to pick up your child at any time. In an emergency these persons must be able to arrive within one hour. Please list 3 contacts other than parents.*

Name	Relationship	Contact Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Is there anyone who may NOT pick up your child? \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Hospital \_\_\_\_\_ Town \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Does your child have any allergies or health conditions that we need to be aware of? If so, please explain

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*To the best of my knowledge, all the information stated is accurate and complete. I give permission for my child to participate in all daily activities except those specifically noted (i.e., field trips). In the event that I or my emergency contacts cannot be reached, I give the South Mountain YMCA permission to hospitalize secure proper treatment for, order injections, X-rays, routine tests, anesthesia or surgery for my child and agree to release any records necessary for insurance purposes.*

Parent Signature \_\_\_\_\_  
 How did you hear about the YMCA Child Care? \_\_\_\_\_

**OPTIONAL For statistical purposes only, please check:**

Ethnicity \_\_\_ African American \_\_\_ Alaska Native \_\_\_ Caucasian \_\_\_ Indian  
 \_\_\_ Latino/Hispanic \_\_\_ Native American \_\_\_ Pacific Islander \_\_\_ 2 or more races  
 Household Income Level \_\_\_ Less than \$24999 \_\_\_ \$25000 to \$49,999  
 \_\_\_ \$50,000 to \$74,999 \_\_\_ \$75,000 to \$99,999  
 \_\_\_ \$100,000 to \$149,000 \_\_\_ \$150,000 to \$199,999  
 \_\_\_ \$200,000 and up

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**FOR OFFICE USE ONLY**

Branch _____	Deposit _____
Site _____	First Month _____
Start Date _____	Registration fee _____
Class _____	Membership fee _____
Days Per Week M T W H F	Total Payment _____
Extended Care ___ Yes ___ No CC# _____	Exp Date _____
Monthly Tuition (Inc Ext Care) _____	Auto Draft ___ Yes ___ No