



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Community YMCA Early Learning Center Registration

New child     Returning child     Male     Female

**Child's Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### **Family Information & Communication**

**\*\*Emails are used for emergency information, newsletters and program updates\*\***

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Do parents live together?** \_\_\_\_\_ **If no, with whom does the child reside?** \_\_\_\_\_

If parents are divorced/separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent as needed. Restrictions on pickups or visitation  No  Yes, attach court order.

**Emergency Information & Release of Children:** **Emergency contacts may include neighbors, family friends, or relatives located within close proximity of the school.** If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions. These may not be parent/guardian.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  Ok to pick up     Emergency info

Primary Phone Contact: \_\_\_\_\_  home  cell  work

Secondary Phone Contact: \_\_\_\_\_  home  cell  work

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  Ok to pick up     Emergency info

Primary Phone Contact: \_\_\_\_\_  home  cell  work

Secondary Phone Contact: \_\_\_\_\_  home  cell  work

### **Health Information** \*Copy of physical & immunizations required

Family physician & phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

We are exempt from immunizations due to medical or religious reasons.

My child is on a delayed immunization schedule.

#### **Check all that apply**

ADD/ADHD

Autism/ Asbergers

Asthma

Seizure Disorder

Heart Defect/Disease

Diabetes

Allergies \_\_\_\_\_

Other: \_\_\_\_\_ \*operations or serious injuries; chronic or recurring illness; specific activities to be encouraged or limited by physician's advice or special needs (physical, mental or psychological) for staff awareness. Use back of form to describe as needed.

**If your child has special health care needs (Allergies, Asthma included) – A doctor approved Written Medication Consent Form & Allergy Action Plan is needed. Children cannot attend program until these are returned with medication. \*These forms can be found at <http://community.ymca-cnw.org/about/forms/>**

### **COMMUNITY YMCA**

106 Titicus Road, North Salem NY 10560

P 914 276 2398 F 914 276 7683 [www.community.ymca-cnw.org](http://www.community.ymca-cnw.org)



**Child Information**

Has your child attended any other child care programs?  No  Yes  
If yes, please specify: \_\_\_\_\_

Does your child have a special diet?  No  Yes  
If yes, please specify: \_\_\_\_\_

Any known learning/behavioral/emotional issues?  No  Yes  
If yes, please specify: \_\_\_\_\_

Any known nervous habits or fears?  No  Yes  
If yes, please specify: \_\_\_\_\_

Is your child toilet trained?  No\*please see our toilet training policy  Yes

Names and ages of all siblings and where they go to school.  
\_\_\_\_\_

To help us provide the best possible experience please feel free to give a brief description of your child & include any concerns. Use additional paper as needed.

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

How were you referred to the Y? \_\_\_\_\_

**Yes**, I certify that the information on this application is both true and accurate and I have not left out any information that would help the Y understand or work with my child.

**YES**, my child is in good health and is able to fully participate in all activities offered at the Y programs. In an emergency I hereby give permission for the Y to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the Y to provide needed care including any resuscitation efforts and transportation to a hospital for care.

**YES**, I am aware the Parent Handbook can be found online at [www.community.ymca-cnw.org](http://www.community.ymca-cnw.org) This handbook includes all Y procedures and policies. I understand it is my responsibility to read the handbook and this entire application and I agree to abide by all terms and regulations.

**YES**, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.

**YES**, I agree to waive/relinquish all claims and will hold the Y & any officers, agents, employees, or representatives harmless from any and all claims which may arise from my child's participation in any activities of the Y.

**YES**, I give permission for the Y to transport my child for field trips (as applicable) with advanced notice. I understand that the transportation will be appropriately supervised. I understand that the Y and its employees assume no liability in case of an accident outside of their authority.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_