



Please Print Legibly and Include Your Program Membership Fee.

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

Program Start Date

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: Monday-Hours Tuesday-Hours Wednesday-Hours Thursday-Hours Friday-Hours
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: Monday-Hours Tuesday-Hours Wednesday-Hours Thursday-Hours Friday-Hours
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: Monday-Hours Tuesday-Hours Wednesday-Hours Thursday-Hours Friday-Hours
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
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: (verification required)
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.
\$10 \$25 \$50 \$100 Other \$

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 ()
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