



Arthur M. Blank Family Youth YMCA Preschool Child Care Enrollment Form

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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Today's Date _____ Enrollment Date (staff only) _____ Withdrawal Date (staff only) _____

Head of Household _____ Birth Date _____

Child's Name _____ Sex _____ Age _____ Ethnicity _____ Birth date _____

Grade, circle one: Preschool K 1 2 3 4 5

Home Address _____ Home Telephone _____

Mother's Name/Legal Guardian Name _____

Home Address/Telephone Number, if different from child's _____

Other/Cell Number: _____ E-mail Address: _____

Place of Employment/Address/Business Number _____ Income _____

Father's Name/ Legal Guardian Name _____

Home Address/Telephone Number, if different from child's _____

Other/Cell Number: _____ E-mail Address: _____

Place of Employment/Address/Business Number _____ Income _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

Note: If you check other, proof of guardianship is required upon registration.

In addition to the parents/guardians, the child may be released to the following:

Authorized Pick Up	
Name	Address, complete address is required

Persons to contact in the case of an emergency when parents cannot be reached. Local contacts only:

Name _____ Home/Work/Cell Telephone _____

My child has the following special need(s):

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

My signature below indicates that the information provided has not been falsified. Unless court ordered and provided to the YMCA, the YMCA will share financial, developmental or any other programmatic information with custodial parents and/or legal guardians. I have received, read and agree to abide by: the program's childcare and financial policies and procedures.

My signature also indicates that I am either the custodial parent or legal guardian of the child applicant.

(Parent/Legal Guardian) Signature _____ Date _____

(Parent/Legal Guardian) Signature _____ Date _____

VERY IMPORTANT

The Georgia Department of Human Resources now requires all childcare agencies to have a copy of Form 3231, Certificate of Immunization, on file. Please submit a copy of Form 3231 with your enrollment application. For school aged children, if you do not have a copy of the form at home, you can request a copy from your child's school. Form 3231 must be submitted upon enrollment.

Photograph/Videotape Release

We would like permission to photograph and/or videotape participants in our childcare programs. Photo opportunities are essential to for our corporate partners and to generate continuous community involvement. The photos will also be used for creating bulletin boards and posters around your YMCA.

Pictures are used for YMCA purposes and may be shared to the public for publication.

I give permission for photos of my child, _____, to be used by the Arthur M. Blank Family Youth YMCA for publicity and promotional purposes.

I do not give the Arthur M. Blank Family Youth YMCA permission to take any photos of my child to be used by for publicity and promotional purposes.

Parent/ Legal Guardian signature

Date

Authorization of Medication and Food Allergy Form
Consent for Medication Administration and Record of Administration

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

I hereby request and give permission for the Arthur M. Blank Family Youth YMCA to administer to my child,
_____, the following medication(s):
(Child's full name)

RX # Medication Name

RX # Medication Name

RX # Medication Name

as prescribed by _____
(Name of Physician or Health Care Professional)

All medications must be accompanied by a physician's note on company's letterhead with complete address and contact information.

The above named medication should be administered as follows:

Dosage _____, _____ time(s) a day

Dates to be administered: from _____ to _____

If your child is to be administered a liquid medication you MUST provide a medicine dispenser that is calibrated to your child's dosage.

Note: A medication log will be completed by YMCA staff describing dose, date & time given, refuse, spillage or reaction, if any.

Food Allergies

Food likes _____ Food dislikes _____

List the food(s) in which your child is restricted from eating:

Does your child have food allergies? ___ No ___ Yes **(If yes, must have a doctor's note on file)**

If yes, please list the foods your child is allergic to:

Any updated instructions regarding adding new foods or other dietary changes please list as needed

Parent/ Legal Guardian Signature & Date

Staff Signature & Date

Arthur M. Blank Family Youth YMCA
VEHICLE EMERGENCY & MEDICAL INFORMATION

Please complete every question. The information on this form will be used to communicate with emergency personnel if your child is involved in an emergency away from the facility.

Child's Name _____ Date of Birth _____

Address _____

Mother's Name _____

Home Phone _____ Work Phone _____ Other _____

Father's Name _____

Home Phone _____ Work Phone _____ Other _____

Notify in case of emergency (if parents can't be reached):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility of family _____ Insurance Policy # _____

Address _____ Phone _____

Child's Allergies _____

Current prescribed medicine _____

Child's special medical needs/conditions _____

In the event of an emergency involving my child, and if the Arthur M. Blank Family Youth YMCA Childcare Program cannot get in touch with me, I hereby authorize emergency medical care. I further agree to be fully responsible for all medical expenses incurred during treatment of my child.

Parent/Guardian Signature

Date

Center Administrator Signature

Date