

Payments and YWCA Membership must be current in order for child to attend.

Child's Name: _____ Date of Birth: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Program Start Date: _____

School attending: _____ Grade attending: _____

Name of Sibling(s) if also attending the program: _____

Circle days attending: M Tu W Th F Circle One: 3 or 5 - Day Option

Circle location: Hargett Powell

MEDICAL INFORMATION ABOUT YOUR CHILD

ADD ADHD BEH Medication (type and schedule): _____

Allergies (Type): _____ Other special needs: _____

INFORMATION ABOUT THE FAMILY

Parent/Guardian Name: _____ **Employer:** _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Pager/Cell#: _____

Email Address: _____

Parent/Guardian Name: _____ **Employer:** _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Pager/Cell#: _____

Person who has legal custody of the child: _____

In addition to the above names, list names and relationship of persons to whom the child can be released:

EMERGENCY CARE INFORMATION

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Insurance Company: _____ Insurance Policy #: _____

• If neither parent/guardian can be contacted, please call:

Name: _____ Home #: _____ Work #: _____

relationship

Name: _____ Home #: _____ Work #: _____

relationship

I agree that YWCA staff may authorize the physician of their choice to provide emergency care in the event that neither I nor the preferred physician can be contacted immediately.

Signature of Parent/Guardian: _____ **Date:** _____

