

**YMCA of Metropolitan Washington  
CHILD CARE REGISTRATION FORM**  
SITE \_\_\_\_\_



**TODAY'S DATE** \_\_\_\_\_

**I. PARTICIPANT INFORMATION**

<b>CHILD'S NAME</b>		FIRST	M.I.	LAST	NICKNAME	
<b>ADDRESS</b>	STREET	<b>CHILD'S PERSONAL INFORMATION</b>		HOME PHONE ( ) _____	SEX MALE____ FEMALE____	
	CITY			APT. #	DATE OF BIRTH ____/____/____	AGE IN THE FALL _____
	STATE			ZIP		

**II. PARENT/GUARDIAN INFORMATION**

<b>MOTHER'S NAME</b>		FIRST	LAST	<b>MEMBERSHIP STATUS</b>		
<b>ADDRESS</b>	STREET	<b>PHONE</b>		HOME PHONE ( ) _____	FULL PRIVILEGE____ PROGRAM____	
	CITY			APT. #	WORK PHONE ( ) _____	NON-MEMBER____
	STATE			ZIP	CELLULAR ( ) _____	<b>NAME OF EMPLOYER</b>
			PAGER ( ) _____			

<b>FATHER'S NAME</b>		FIRST	LAST	<b>MEMBERSHIP STATUS</b>		
<b>ADDRESS</b>	STREET	<b>PHONE</b>		HOME PHONE ( ) _____	FULL PRIVILEGE____ PROGRAM____	
	CITY			APT. #	WORK PHONE ( ) _____	NON-MEMBER____
	STATE			ZIP	CELLULAR ( ) _____	<b>NAME OF EMPLOYER</b>
			PAGER ( ) _____			

**III. EMERGENCY CONTACT INFORMATION (PLEASE LIST TWO CONTACTS)**

<b>NAME</b>		FIRST	LAST	<b>RELATIONSHIP TO CHILD</b>		
<b>ADDRESS</b>	STREET	<b>PHONE</b>		HOME PHONE ( ) _____		
	CITY			APT. #		WORK PHONE ( ) _____
	STATE			ZIP		CELLULAR ( ) _____
			PAGER ( ) _____			

<b>NAME</b>		FIRST	LAST	<b>RELATIONSHIP TO CHILD</b>		
<b>ADDRESS</b>	STREET	<b>PHONE</b>		HOME PHONE ( ) _____		
	CITY			APT. #		WORK PHONE ( ) _____
	STATE			ZIP		CELLULAR ( ) _____
			PAGER ( ) _____			

**IV. PERSON RESPONSIBLE FOR PAYMENTS**

<b>NAME</b>	FIRST	LAST
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**V. REGISTRATION/PROGRAMS: (Please check one of the following and specify days.)**

<b>INFANTS</b>	FULL DAY _____ SPECIFY DAYS _____	<b>SCHOOL AGE</b>	BEFORE-SCHOOL M____ T____ W____ TH____ F____
	HALF DAY _____ M/T/W/TH/FR____ M/W/F____ T/TH _____		K-COMPLEMENT M____ T____ W____ TH____ F____
<b>TODDLERS</b>	FULL DAY _____ SPECIFY DAYS _____	KINDERGARTEN M/T/W/TH/FR _____	
	HALF DAY _____ M/T/W/TH/FR____ M/W/F____ T/TH _____	AFTER-SCHOOL M____ T____ W____ TH____ F____	
<b>TWO-YEAR OLDS</b>	FULL DAY _____ SPECIFY DAYS _____		
	HALF DAY _____ M/T/W/TH/FR____ M/W/F____ T/TH _____		
<b>PRE-SCHOOL</b>	FULL DAY _____ SPECIFY DAYS _____		
	HALF DAY _____ M/T/W/TH/FR____ M/W/F____ T/TH _____		

**(continued on back)**

**VI. HOW DID YOU HEAR ABOUT US?**

- YMCA PROGRAM GUIDE   
  PARTICIPANT   
  REFERRAL   
  SCHOOL  
 NEWSPAPER AD   
  OTHER \_\_\_\_\_

**VII. CHILD'S MEDICAL AND INSURANCE INFORMATION**

PLEASE CHECK KNOWN ALLERGIES:

MEDICINE? \_\_\_\_\_  
 FOOD? \_\_\_\_\_  
 OTHER? \_\_\_\_\_  
 REACTIONS? \_\_\_\_\_

LIST ANY SPECIAL NEEDS: \_\_\_\_\_  
 LIST MEDICATIONS: \_\_\_\_\_

INSURANCE COMPANY

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ADDRESS

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POLICY HOLDER'S NAME

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POLICY #

**VIII. HOW DID YOU FIND OUT ABOUT THE YMCA CHILD CARE PROGRAM?**

- Radio (which station?) \_\_\_\_\_   
  Referral by friend  
 TV (which station?) \_\_\_\_\_   
  YMCA Program Guide  
 Newspaper (which paper?) \_\_\_\_\_   
  YMCA Web Site  
 YMCA child care brochure   
  Other \_\_\_\_\_  
 YMCA postcard

**IX. PLEASE READ AND SIGN**

**WAIVER**

I hereby grant permission for my child to be transported by the YMCA for activities, including swimming and field trips. I understand that notice of such outings will be posted in the classroom prior to any trip. In case of medical emergency, I understand that every effort will be made to contact me or my emergency contact. If I or someone on the emergency form cannot be reached, I give the YMCA permission to secure the medical treatment necessary for my child; including hospitalization, injection, anesthesia, or surgery.

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities. I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. This disclaimer also extends to the facilities used in the commission of the child care program. I give permission to the YMCA of Metropolitan Washington to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the YMCA. I agree to adhere and abide by the policies as outlined in the Parent Handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**