

KIDZ KLUB
YMCA of Kewanee After School Program Registration Form
2008 – 2009 School Year

School _____
Child's name _____ Male / Female YMCA Member Y / N
Address _____ Home Phone # _____
_____ Birth Date _____
City, State, Zip _____ Grade _____

Mother's Name _____ Home Phone _____
Address _____ Work Phone _____
Work Place _____ Work Address _____
Cell Phone _____ Email _____
Married _____ Single _____ Divorced _____ Other _____ YMCA Member Y / N
Mother Authorized to pick child up from YMCA B/A Program? Y/N _____

Father's Name _____ Home Phone _____
Address _____ Work Phone _____
Work Place _____ Work Address _____
Cell Phone _____ Email _____
Married _____ Single _____ Divorced _____ Other _____ YMCA Member Y / N
Father Authorized to pick child up from YMCA B/A Program? Y/N _____

EMERGENCY CONTACTS: Doctor / Clinic _____
Phone # _____ Address _____

Emergency Contacts (Not Parents)

Name: _____ Relationship: _____
Address: _____ Phone #: _____
Work Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____
Work Phone: _____

People Authorized to pick child up from YMCA Childcare Site.

Name: _____ Relationship: _____
Address: _____ Phone #: _____
Work Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____
Work Phone: _____

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Child's Ethnicity: Black____White____Hispanic____Asian____Other____

Use an "X" to mark the hours that your child will be attending YMCA Childcare

A.M. Monday____Tuesday____Wednesday____Thursday____Friday____

P.M. Monday____Tuesday____Wednesday____Thursday____Friday____

Please note if arrival/departure time will be affected by extra activities. (IE. scout meetings)_____

Please read the following and **initial** in the blank indicating agreement.

____I give my permission to authorize emergency health care.

____I give my permission to be involved in any publicity or press releases for YMCA Childcare. This includes photographs.

____I understand that non-payment for two consecutive weeks will result in dismissal of my child from the program until payment is received.

____I understand that my child may be removed from the program if they are having behavior problems.

____I understand that the YMCA of Kewanee does not provide health or accident insurance for program participants.

____I give permission for my child to leave the school grounds under the supervision of YMCA programs off-site.

Child's Development:

Does your child have any physical disabilities/limitations? _____

Does your child have any allergies? _____

Is there any other information that we should know about your child? _____

Failure to complete or give false information can affect the participant of the child in the program. In the event your child cannot be served due to enrollment, special needs, and/or disciplinary action. Your registration fee will be returned.

Parent's/Guardian's

Signature_____ **Date**_____

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