

Kids Club Registration Form

Name _____ Birth date _____

Site _____ Grade 08-09 _____ E-mail _____

Home Address _____ Phone _____

_____ Lives with: Mom Dad Both

Mother's Name _____
_____ Home address and phone number if different from above

Father's Name _____
_____ Home address and phone number if different from above

Mother's Employer/address _____ Phone _____
_____ Cell Phone _____

Father's Employer/address _____ Phone _____
_____ Cell Phone _____

Emergency Contacts and Pick Up Authorizations

Other than the parent's contact information listed above

| Name | Relation to child | Phone |
|-------|-------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Starting Date _____

Morning Care

Kids Club After School Care

Days per week (please circle): Monday Tuesday Wednesday Thursday Friday

Parent Informed Consent Agreement

- In case of Medical Emergency, I will be called. If circumstances require, the Rescue Squad will be notified. The YMCA staff will respond as necessary until the Squad arrives. In the event hospitalization is required, I give consent for my child to be taken to a hospital. I give my consent for treatment by a qualified physician. I agree to assume financial responsibility for such treatment.
- I understand that there may be a situation that requires my child to be transported. (Emergency/safety issue)
- I give permission for my child's photograph to be used in promotional materials and other media for the YMCA.
- I have read the Kids Club Information Packet and agree to abide by all rules and regulations stated. I have completed my child's paperwork and all information is current. I understand it is my responsibility to pay a one-month deposit at the time of registration and this deposit pays for the last month my child is in the Kids Club Program (June). I will begin my Kids Club payments as of September 1st. I also attest that my child's YMCA membership status is current.

Parent Signature _____

Date _____