

**West Monroe Y-Kids After School Registration  
2010-2011**

**REGISTRATION FEE: \$20.00 West Monroe Site**

**PLEASE PRINT    PLEASE USE INK    COMPLETE ONE FORM PER CHILD**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Please list all siblings who will be attending our program: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian #1 \_\_\_\_\_ Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Other Ph# \_\_\_\_\_  
Email Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Other Ph# \_\_\_\_\_  
Email address \_\_\_\_\_

**BILLING INFORMATION:**

Person(s) responsible for this account: \_\_\_\_\_ PH# \_\_\_\_\_  
Address if different from above: \_\_\_\_\_

Please circle one of the following attendance plans for your child:

*Fee's: Weekly 1<sup>st</sup> child \$50.00, additional \$50.00    If you need financial assistance or teacher rate forms  
please contact the YMCA @ 387-9622.*

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ PH# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ PH# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ PH# \_\_\_\_\_ Relationship \_\_\_\_\_

**PLEASE LIST ALL PEOPLE AUTHORIZED TO PICK UP YOUR CHILDREN:**

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**MEDICAL INFORMATION:**

Name of physician \_\_\_\_\_ PH# \_\_\_\_\_

Please list any medical conditions that your child may  
have: \_\_\_\_\_

***PLEASE COMPLETE REVERSE SIDE***

Please list any medications your child is taking: \_\_\_\_\_

Please list anything your child is allergic to: \_\_\_\_\_

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**In order for the site director to administer medications you must complete a medicine release form!**

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**AUTHORIZATION FOR MEDICAL TREATMENT:**

In the event that I cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer minor first aid and/or have my child transported to the nearest hospital for treatment.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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**PARTICIPATION RELEASE INFORMATION: 1-4 must be signed in order for your child to participate in this program!**

1. I certify that my child has been examined by a licensed physician in the past twelve months and is able to participate in YMCA activities.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

2. I have received, reviewed and agree to abide by the YMCA's policies regarding child care, payment and discipline policies.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

3. I agree not to hold the YMCA liable if my child is injured while participating in YMCA activities.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

4. I do hereby authorize the YMCA to transport my child by bus from school to the after-school site.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

I do hereby authorize newspaper interviews, taking of pictures, motion pictures and/or television interviews of my child during his/her time at the YMCA after school program. The YMCA staff will be supervising during any planned media event.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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**ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO GIVE:**

\_\_\_\_\_  
*Please return this form to a YMCA Staff Member or the YMCA office located @: 1505 Stubbs Avenue, Monroe, LA 71201; Phone # 387-9622, Fax # 325-1232*

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**FOR OFFICE USE ONLY:      REGISTRATION FEE \$20.00 PER CHILD**

**Date Paid** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_ **Check/Receipt #** \_\_\_\_\_

*The YMCA of Northeast Louisiana is a United Way Agency*