

**Y-Kids After School Registration
2011-2012**

REGISTRATION FEE: \$20.00

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:

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: _____

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

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)

PARTICIPATION RELEASE INFORMATION: All must be signed in order for your child to participate in this program!

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)

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

(Parent/Guardian Signature) (Date)

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

(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)

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

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