



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Knox County YMCA Before & After School Registration Form 2010 – 2011 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 _____ Pager # _____
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 _____ Pager # _____
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: _____

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

OVER



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Child's Ethnicity: Black_____White_____Hispanic_____Asian_____Other_____

Use and "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 Knox County YMCA 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.

_____I give permission for my child to watch Kid Friendly PG Rated movies.

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 or special needs, your registration fee will be returned.

Parent's Signature_____Date_____