



Enrollment Form Garland Family YMCA

Date of Admission: _____
Time Needed: _____

Child's Information	Last Name	First Name	MI	Grade	Age	Date of Birth / /	Gender male female
	Address		City	State	Zip	Home Phone ()	
	School	School Phone ()		School Address			
	<i>The following information is for United Way statistics.</i>						
Ethnicity (please circle one): African American/Black American Indian/Aleut/Eskimo Asian/Pacific Caucasian Hispanic/Latino Other: _____							
Child lives in _____ County.							
Mother's Information	Name		Home Phone ()		Work Phone ()		Email
	Cell Phone/Pager ()		Driver's License #		Date of Birth	Place of Employment	
	Address (if different than child)				City		Zip
Father's Information	Mother can pick up child (circle one) yes no						
	Name		Home Phone ()		Work Phone ()		Email
	Cell Phone/Pager ()		Drivers License #		Date of Birth	Place of Employment	
Address (if different than child)				City		Zip	
Emergency Contact	Father can pick up child (circle one) yes no						
	Name		Home Phone ()		Work Phone ()		Cell Phone/Pager ()
	Emergency contact is allowed to pick up child (circle one) yes no					Drivers License #	

My child may also be released to the following people (they will need to show driver's license when picking up) :

Name	Name	Name
Relationship	Relationship	Relationship
Driver's License #	Driver's License #	Driver's License #
Home Phone ()	Home Phone ()	Home Phone ()
Work Phone ()	Work Phone ()	Work Phone ()
Other Phone ()	Other Phone ()	Other Phone ()

Policies & Procedures

_____(initial) I have received a copy of the Parent Policy Agreement and understand all policies governing the child care program. I agree to abide by all of the YMCA policies and procedures.

_____(initial) I understand that payment is due every week regardless of attendance or school holidays (exceptions include: Winter Break, Spring Break and Summer Camp).

_____(initial) By my signature and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, costs or expense arising out of injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible. By my signature I acknowledge that I have been given information to read with regards to other YMCA policies. All photos are property of the YMCA.

Parent/Guardian signature _____ **Date** _____

Consent

Please Initial to give consent for the following:

_____(initial) Transportation: I hereby give my consent for my child to be transported by facility staff to or from school, emergencies or field trips.

_____(initial) Water Activities: I hereby give my consent for my child to participate in water activities.

Medical Information

My Child's immunization, vision, hearing records are on file school. The school phone and address are listed on the front of this form.

Health Examination: I hereby certify that my child, _____, has been examined by a licensed physician in the past 12 months and is able to participate in the child care program. I understand that I will need to bring a document showing that my child has been examined on the next well visit.

List any conditions that you feel are necessary to know about in taking care of your child, such as previous illness or injuries. Please list any special needs that your child may have: _____

Does your child have:

_____ Convulsions _____ Hayfever
_____ Epilepsy _____ Hyperactivity
_____ Asthma Other: _____
_____ Diabetes

Allergies:

_____ Penicillin
_____ Foods (specify) _____
_____ Insect Bites (specify) _____
Other: _____

Please list any medications your child is taking: _____

Parent/Guardian signature _____ Date _____

Notary Medical Authorization

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 first aid and/or transport to the nearest hospital.

Physician's Name _____ Address _____ Telephone _____ () _____

Notary Public:

Seal

Sworn to and subscribed before me this _____ Day of _____ (month), _____ (year)

Notary Public Signature

Print or type name of Notary Public here

I give consent for the necessary medical treatment from physician and or hospital/clinic.

Parent/Guardian signature _____ Date _____
(sign in presence of the notary)