

**Venice YMCA**  
**School Age Child Care Enrollment Card 2006/2007**

**\*\*Office use only\*\***

Registration Fee: \_\_\_\_\_ Receipt # \_\_\_\_\_

Youth Center: \_\_\_\_\_

Laurel Nokomis: \_\_\_\_\_

Bank Draft Form completed/voided check \_\_\_\_\_

VMS: \_\_\_\_\_

S.L.A @ VMS \_\_\_\_\_

Island \_\_\_\_\_

Circle: Year round      School year      Before school only      Full day programs only

Child's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Child lives with: \_\_\_\_\_

Additional Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. **\*NOTE:** we will not release your child to anyone who is not listed on this form. **DO NOT put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick-up your child unless otherwise noted. PLEASE** let us know as soon as possible of any changes. For any changes, even one day only, the director must be notified in writing with your signature.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**All persons authorized to pick-up children should be prepared to show identification at the time of sign-out for the child to be released to you.**

Does your child have any allergies/special dietary needs?  yes  no  
Please list \_\_\_\_\_

Does your child have any physical disabilities or are there activities in which he/she should not participate?  yes  no Please list \_\_\_\_\_

Does your child have any emotional/physical problems that our staff should be aware of?  yes  no Please list \_\_\_\_\_

What fears does your child have? \_\_\_\_\_

What hobbies does your child have? \_\_\_\_\_

What are his/her strong qualities? \_\_\_\_\_

Can he/she swim?  yes  no if known, what is his/her swim level? \_\_\_\_\_

I will allow my child's picture to be taken for promotional purposes:  yes  no

I will allow my child to attend field trips and participate in special events:  yes  no

My child will need YMCA transportation from (school) \_\_\_\_\_ to the Venice YMCA School Age Program at \_\_\_\_\_. I give permission for my child to be transported by the Venice YMCA staff.

I understand the Venice YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry medical insurance for my child and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Security password \_\_\_\_\_. This password will be asked to verify authorized persons calling the YMCA with questions or instructions regarding your child.

In addition, I have received the Venice YMCA's Parent Handbook and a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

I hereby acknowledge that I have received the above items, agree to the medical & emergency provisions and that all the information on this registration form is complete and accurate

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

