

Name of Program:	
Child's Name:	
Birthdate:	Age:
Parent/Guardian Name:	
Address:	Phone: Home:
	Work:
	Cell:
Local person to contact if parent/guardian cannot be reached	
1. Name:	Phone:
2. Name:	Phone:
Allergies/Other pertinent information:	
Is child covered by health insurance? Yes No	
Name of insurance company:	Policy Number:
My child has permission to take field trips with the YWCA preschool/youth programs. I will not hold the YWCA responsible for any accident or injury incurred by my child during a YWCA activity.	
Signature of parent/guardian:	
Media Release: I give permission to the YWCA to use my child's photograph and/or name (first only) for publicity related to preschool or youth programs. I understand that my child's information will be used ONLY for YWCA related publicity.	
Signature of parent/guardian:	
FOR OFFICE USE ONLY	
Type of YWCA Membership _____	Date Paid _____ Expiration Date _____
	Registration Fee Paid \$ _____