



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dryades YMCA Child Care Registration Form

Date child entered care _____

Date child left care _____

Child's Name:	Nickname:	Birthday:	
Child's Mother/Guardian name	Home phone # ()	Cell phone # ()	Alternative phone # ()
Street Name	City	Zip Code	
Child's Father/ Guardian name	Home phone # ()	Cell phone # ()	Alternative phone # ()

In case of an emergency, I give permission for any of the following individual to be contacted and my child may be released to any of the persons listed below.

Name	Address	Telephone number
Name: Relationship:		Home: Cell: Alternative:
Name: Relationship:		Home: Cell: Alternative:
Name: Relationship:		Home: Cell: Alternative:

Child's Health Information

Date of child's last physical exam:	Child's Health care provider:	Telephone number ()
Street Name	City	Zip Code
Special health problems? Y or N If yes, specify.	Allergies, including drug reactions? Y or N If yes, specify.	Regular medications? Y or N If yes, specify.

Consent to medical care and treatment of minor children

I give permission that my child, _____, may be given first aid/emergency treatment by a child care licensee and/or qualified staff at:

Name of Licensee: _____

Parent Initials:	Date:	Parent Initials:	Date:
------------------	-------	------------------	-------