



Dryades YMCA Daycare Center
APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Student's Name: _____
Date of Birth: _____ **Age:** _____
Parent's Name: _____ **Cell Phone (____)** _____
Application Date: _____

Note to the Child Care Assistance Program (CCAP) participants:

***Your registration fee is covered by the funding agency CCAP. Participants are responsible for their Co-pay on a weekly basis.**

***For families who do not participate in the Child Care Assistance Program, the weekly rates are as follows:**

- **One-time Registration Fee per child: \$150**
- **Toddlers (Age 12 month-2 years): \$150/weekly**
- **Preschool Age 3 – 5 years: \$135/weekly**
- **Before / After Care (3 hours) see program Director**
- **Special Needs students, please see program Director for rates.**

Center hours of operations are as follows: Monday – Friday 7:30 am-5:00 pm. We are closed for all Major Holidays and teacher professional development trainings (annual Calendar is provided)

A fee is charged for late pick-ups: \$10 within 15 minutes of closure, and an additional \$5 per minute thereafter.

***This is not a 'Drop-In' center. Rates are based on the reserved seat not attendance. Rates are for full-day/full-year program.**

NEEDED TO REGISTER:

- **Completed Application**
- **Copy of each child's Birth Certificate**
- **Copy of each Child's Social Security Card**
- **Copy of each child's up-to-date Immunizations**
 - **Emergency Information Sheet**



United Way of
Southeast Louisiana





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:	Birthdate:
Child's Mother/Guardian Name:	Home phone#:	Cell phone#:
Street Name:	City:	Zip:
Child's Father/Guardian Name:	Home phone#:	Cell phone#:

Other than you, who else has permission to pick up your child?

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

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 individuals listed below (Must be 18 and over).

Parent/Guardian signature: _____

Name/ Relationship:	Address	Telephone#
		Home: Cell: Alternate:
		Home: Cell: Alternate:
		Home: Cell: Alternate:



United Way of
Southeast Louisiana





FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Dryades YMCA

Child Care Registration Form (cont'd)

Child's Health Information

Date of last physical exam:	Child's Primary Care Physician:	Telephone () -
Street Name:	City:	Zip:
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.
Special IEP? Y or N If yes, specify.	Special IFSP? Y or N If Yes, specify.	Additional concerns, specify below.

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: Dryades YMCA Day Care License # 12978

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

DRYADES YMCA
 2220 Oretha Castle Haley Boulevard
 New Orleans, La. 70113
 (P) 504.522.8811 (F) 522.7739
www.dryadesymca.com



United Way of
 Southeast Louisiana





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dryades YMCA Daycare/Head Start

EMERGENCY INFORMATION FORM

Student's

Name: _____

Address: _____

Phone: _____ **Work:** _____ **Cell:** _____

DOB: _____ **Social Security#:** _____

MM/DD/YYYY

Parent or Guardian:

1. _____
(First/MI/Last Name) **Relationship**

2. _____
(First/MI/Last Name) **Relationship**

Emergency Number:

1. _____
Name **Phone Number** **Relationship**

2. _____
Name **Phone Number** **Relationship**

Allergies: _____

Medication(s): _____



United Way of
Southeast Louisiana

