

Child Enrollment and Health Information

Child's Name: _____ Date: _____

DOB: _____ Adress: _____
City State Zip

Parent/Guardian Information

1. Name: _____ Relationship to Child: _____

Address: _____
City State Zip

Employer/School: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Where can you be reached most of the time when child is in program: _____

2. Name: _____ Relationship to Child: _____

Address: _____
City State Zip

Employer/School: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Where can you be reached most of the time when child is in program: _____

Emergency Contacts (must be local; in case of emergency and parent/guardian is unavailable)

1. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell: _____

2. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent Roster

I agree to have my name and telephone number included on the center roster, which will be made available upon request to any parent whose child is enrolled in the center.

YES _____ NO _____

Parent/Guardian Signature

Date

Health Information

Allergies (food, medication or environmental), precautions, reactions and treatment:

Medications, food supplements or modified diet being administered:

Chronic Physical Problems:

History of Hospitalization:

History of Diseases:

Other health information we should know:

Emergency Transportation (Only complete section 1 OR 2)

1. I **give** the Dearborn County YMCA my permission to have my child _____ transported to (hospital name) _____ for emergency medical care or to (dentist if applicable) _____ for emergency dental care or to the nearest available source of assistance.

Parent/Guardian Signature

Date

2. I **do not give** the Dearborn County YMCA my permission to have my child _____ transported for emergency medical or dental care. In the event of an emergency which requires medical or dental care, I wish the following action to be taken:

Parent/Guardian Signature

Date