



YMCA

We build strong kids,
strong families, strong communities.

YMCA of Norwalk Vacation/ Snow Day Registration Form

_____	_____	_____	_____
Child's First Name	Last Name	Nickname	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	
Is the child a YMCA member?	Is this child in the SACC program?	School they are attending/ grade.	

_____	_____	_____	_____ / _____ / _____
Mother's/Guardian's Name	Middle Name	Last Name	Social Security Number
_____ () _____			
Home Address	City	State	Zip Home Phone
Phone () _____	Cell () _____	Beeper () _____	E-Mail _____

_____	_____	_____	_____ / _____ / _____
Father's/Guardian's Name	Middle Name	Last Name	Social Security Number
_____ () _____			
Home Address	City	State	Zip Home Phone
Phone () _____	Cell () _____	Beeper () _____	E-Mail _____

Registration Information: Please fill out all of the information in the box below.

Date of the program you would like to attend:					
_____ / _____ / _____,	_____ / _____ / _____,	_____ / _____ / _____,	_____ / _____ / _____,	_____ / _____ / _____	
Circle all that apply:	Monday	Tuesday	Wednesday	Thursday	Friday
Estimated time to drop off (program starts at 7:00am):	_____				
Estimated time to pick up (program ends at 6:00pm):	_____				
Total: \$ _____	Check #: _____	Cash: <input type="checkbox"/> YES	<input type="checkbox"/> NO		
Credit Card #: _____	exp date: _____ / _____ / _____				
Circle one:	Visa	MasterCard	Discover	Amex	

CUSTODY STATUS: Please describe any restrictions involving the access of any person to remove and/or contact the child while in our care. A copy of the most recent court document granting these restrictions must be provided. A photo of the restricted person is most helpful. _____

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EMERGENCY CONTACT: (other than parent/guardian)-Children will be released only to the person(s) signing this application and to the following person(s) except as required by law.

LEGAL AUTHORITIES WILL BE CONTACTED FOR CHILDREN LEFT AT THE CENTER ONE HOUR AFTER CLOSING TIME OF THE CENTER.

First Name	Last Name	First Name	Last Name		
Address	City	State, Zip	Address	City	State, Zip
Relationship to Child	Home Phone	Relationship to Child	Home Phone		
Employer	Work Phone	Employer	Work Phone		

Physician's Name _____ Office Address _____ Town _____ Zip _____ Office Phone _____

Dentist's Name _____ Office Address _____ Town _____ Zip _____ Office Phone _____

Insurance Company _____ Policy Number _____ Office Phone _____

ALLERGIES AND MEDICATION: Please describe any health problems that would be relevant to emergency treatment of your child (for example: diabetes, epilepsy, allergy to medication, bee sting) and any medication taken.

I give permission for the following:

- ❖ For my child to have his/her picture taken to be used for advertisement or other forms of public relations.
- ❖ I give permission for administrators, teaching staff and regulatory authorities to access my child's records.
- ❖ For my child to be transported by YMCA vehicle, (i.e. school bus, van etc.), and YMCA staff.
- ❖ For my child to participate in any field trips planned by the YMCA. I understand that the YMCA will provide transportation, and that I will be notified in writing prior to each trip.
- ❖ In the event that I cannot be reached in an emergency, I hereby give permission to my pediatrician or the attending emergency room physician to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child.
- ❖ I give permission for treatment provided by EMT's and by YMCA staff trained in first aid. Also that transportation will be provided to the nearest hospital by the YMCA or emergency services at the parent's expense.

Parent/Guardian Comment(s): _____

Parent(s)/Guardian(s) Certification: I/We hereby certify I/We have read and understand this Registration Form. I/We agree to the financial terms and conditions indicated in the attached fee information sheet.

BOTH PARENTS AND/OR GUARDIANS MUST SIGN THIS REGISTRATION FORM.

Parent/Guardian Signature(s): _____

Date: _____

Date: _____