



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# EMERGENCY CHILD CARE K-6th grade only

## Registration Form

Monday-Friday March 16-April 13

6 Hour Blocks \$22.00 each

6:00AM-12:00pm

12:00PM-6:00PM

|                     |         |           |          |        |
|---------------------|---------|-----------|----------|--------|
| Circle Choices      |         |           |          |        |
| Week of March 16-20 |         |           |          |        |
| Monday              | Tuesday | Wednesday | Thursday | Friday |
| AM PM               | AM PM   | AM PM     | AM PM    | AM PM  |

### **\*PLEASE FILL OUT CHILDRENS' INFORMATION ON THE BACK OF THIS FORM\***

Please send each child with a bagged, labeled thermometer. Labeled water bottle, an extra change of clothes, and a lunch & healthy snack.

**DUE TO SEVERE ALLERGIES WE ASK YOU NOT BRING  
SNACKS WITH ANY NUT PRODUCTS.**

Name of Parent/Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Alt/Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Please circle the number to call first.

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I allow the YMCA to use my photograph/my child's photograph for publicity and marketing purposes.

|   |
|---|
| STAFF ONLY NOTES _____<br>_____<br>_____<br>_____ |
|---|

# CHILDRENS' INFORMATION

Please completely fill out the following:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special health needs/allergies/special requests (we will do our best to accommodate):

---

---

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special health needs/allergies/special requests (we will do our best to accommodate):

---

---

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special health needs/allergies/special requests (we will do our best to accommodate):

---

---

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special health needs/allergies/special requests (we will do our best to accommodate):

---

---