



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022-2023 Little Learners Registration Form

Please Circle: 9am-12pm

5 Days (M-F) 3 Days (MWF) 2 Days (T TH)

Parent/Guardian Name: _____

D.O.B.: ___/___/_____ Email: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Student Name: _____ D.O.B.: ___/___/_____

Is your child potty trained? Y/N _____

Do you give YMCA Staff permission to assist with bathroom needs when necessary?
Y/N Initial _____

Please note: if you respond "no", you or a responsible party will need to come to the YMCA to assist your child with bathroom needs.

Emergency Contact: (other than Parent/Guardian listed)

Name: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

I give my child permission to:

-Have my child eat a snack provided by the YMCA*? Y/N Initial _____

*All food allergy precautions and considerations will be taken.

-Have his/her picture taken to be used for publicity purposes? Y/N Initial _____

-Go outside during the programming? Y/N Initial _____

Child Special Needs/Information: (ADHD, Autism Spectrum Disorder, Glasses, Hearing Device, Allergies, etc.)

Authorized Pickup: (Includes Parent/Guardian listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Non-Authorized Pickup:

Name: _____

Name: _____