



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2023-2024 Little Learners Registration Form

Please Circle:

AM:	2 Days T,Th	3 Days M,W,F	5 Days
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Child's Name _____ D.O.B.: ____/____/____

Parent/Guardian Name: _____

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

Home Address: _____

Primary Number: _____ Secondary Number: _____

Emergency Contact: (other than Parent/Guardian listed)

Name: _____ Relationship to Child: _____

Primary Number: _____ Secondary Number: _____

Authorized Pickup: *(Includes Parent/Guardian listed above)*

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Non-Authorized Pickup:

Name: _____

Name: _____

Is your child potty trained? Yes No

Do you give YMCA Staff permission to assist with bathroom needs when necessary? Yes No

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.

I give my child permission to:

Eat a snack provided by the YMCA*? Yes No

Have his/her picture taken to be used for publicity purposes? Yes No

Go outside during the programming? Yes No

**All food allergy precautions and considerations will be taken.*

Additional Medical Information:

Does your child have any medical diagnosis?

(ADHD, Autism Spectrum Disorder, Glasses, Hearing Device, Allergies, etc.)

Yes No If you answered yes please explain below:

Please include anything you feel is necessary for staff to know about your child likes, dislikes, ways you deal with tough situations at home. _____

I agree that all information is true and accurate to the best of my knowledge.

Parent Signature: _____ Date: _____