



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Preschool Extension Program 2020-2021 REGISTRATION FORM

Student Information:

Name: _____ Birthdate: _____ Age: _____ Wed/Fri

Name: _____ Birthdate: _____ Age: _____ Wed/Fri

Please list any allergies and/or medical issues we should be aware of:

If your child has food allergies, please indicate if they can eat food items made in the same factory as allergen and/or food that contains traces of allergen

Parent/Guardian Information:

Name(s): _____

Address: _____

Phone Number(s): _____

Email: _____

Is your child potty trained? _____ Do you give permission for a YMCA staff member to assist your child with his/her bathroom needs? _____ *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(ren) permission to:

-Have his/her picture taken to be used for publicity purposes **YES () NO ()**

-Go outside during the Little Learners Program **YES () NO ()**

My child may be released to the following individuals
(in addition to parent/guardian listed above):

Name: _____

Number: _____

Name: _____

Number: _____

Registration fee: \$10 per child

Parent/Guardian Signature: _____ Date: _____