



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2022-2023 Pre-K Extension Registration Form

Please Circle: 12:30pm-3:30pm

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.)

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Authorized Pickup: (Includes Parent/Guardian listed above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Non-Authorized Pickup:

Name: \_\_\_\_\_

Name: \_\_\_\_\_