



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Preschool Extension Program

## 2020-2021 REGISTRATION FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Wed/Fri  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 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): \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

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

**\$5.00 registration fee per child due at registration Total Due** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STAFF NOTES