



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

# Little Learners

## REGISTRATION FORM for 2020-2021

### Student Information:

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

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

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): \_\_\_\_\_

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 permission to:

-Have my child eat the snack provided by the YMCA **YES ( ) NO ( )**

*note: we will take all necessary precautions with food allergies*

-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: \_\_\_\_\_

*I understand that my child will have a one-month trial period to determine if he/she is ready for Little Learners and a good fit for the program.*

**Registration Fee:** \$10

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_