



TIPTAREA YMCA

| | |
|-----------------|-------|
| DATE: | _____ |
| FEES PAID: | _____ |
| PAYMENT | |
| METHOD: | _____ |
| STAFF INITIALS: | _____ |

2021 AFTER SCHOOL REGISTRATION FORM

Registration Fee - \$20/DAY

Member Weekly Fee - \$40

Potential Member Weekly Fee - \$60

CHILD'S INFORMATION Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

School: _____ Grade (currently in): _____

Mother/Guardian's Name: _____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Mother's Email: _____ Father's Email: _____

Father/Guardian's Name: _____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Person(s) Permitted to Pick Up Child

Mother YES NO

Father YES NO

Legal Custody: Proof of Custody Required

Mother Only Legal Guardian

Father Only Both Parents

PLEASE LIST ALL OTHER PERSONS THAT ARE ALLOWED TO PICK UP YOUR CHILD BELOW:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Emergency Contact Information

Name: _____ Relation to Child: _____

Employer: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____

Medical Information (attach copy of insurance card) Does your child have food allergies? Yes or No

Physicians Name: _____ Phone: _____

PLEASE INFORM US OF ALL THAT APPLY TO YOUR CHILD. WRITE N/A IF NOTHING APPLIES.

Allergies (type): _____

Medication (type & schedule): _____

Special Circumstances (list/explain): _____

