



KIDS CORNER CHILD ENROLLMENT FORM

HEART OF THE VALLEY YMCA

Birthdate: _____

Child's Name: _____

Address: _____

Phone: _____ Enrollment date: _____

Mother: _____

Work phone: _____ Cell phone: _____

Father: _____

Work phone: _____ Cell phone: _____

EMERGENCY CONTACT INFORMATION

(Cannot be Parent/Guardian and must be within 20 minutes of the YMCA)

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

I hereby give my consent for emergency medical care for treatment, to be used only if I cannot be reached immediately.

*Signature of Parent or Guardian

*Date

HEALTH HISTORY

Does your child have any allergies (stings, food)?

___ Yes ___ No

If "Yes" please describe them:

Epi-pen needed to treat any of the above? ___ Yes ___ No

(If yes, please fill out medical release form and attach to epi-pen)

Are there any other things staff may need to know in order to care for your child?

I am aware that staff will accommodate my child's needs to the best of their ability within the guidelines of Kid's Corner policies. I understand photos may be taken of my child and used for promotional purposes.

*Signature of Parent or Guardian

*Date