



# WITHNELL FAMILY YMCA

## YMCA Preschool

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Circle option: M-F full day | M-F half day | 3 days full day | 3 days half day  
If you chose a 3-day option, list 3 days: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date to Start Care: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Primary Email: \_\_\_\_\_

**\* APPROPRIATE COURT DOCUMENTS MUST BE IN PLACE AND A COPY MUST BE PROVIDED TO DENY PARENT ACCESS.**

Emergency contact other than parents: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Auth. to Pick Up? Y N\*

### CHILD'S HEALTH INFORMATION

Please provide the name of a doctor or clinic to be contacted for medical emergencies.

Physician/Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist/Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known allergies/intolerances: \_\_\_\_\_

Current diagnoses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Is your child potty trained? Yes / No

Any other information our staff should be aware of: \_\_\_\_\_

### Demographics Information (Optional)

We are collecting data to create a better understanding of who we serve. Please remember all questions are optional and confidential.

Is your child eligible for free or reduced lunch?  Yes  No  Prefer not to answer

Household Income \_\_\_\_\_ Prefer not to answer  Number in household \_\_\_\_\_ Prefer not to answer

Are you a foster family?  Yes  No  Prefer not to answer

What race/ethnicity best describes the participant?

Asian  Black or African American  Hispanic or Latino/a/x  American Indian or Alaskan Native

White or Caucasian  Native Hawaiian or Pacific Islander  Multiracial or Biracial  Other race, ethnicity, or origin

Prefer not to answer

How would your child best describe their gender? \_\_\_\_\_

<b>YMCA Branch Staff: (INITIAL)</b> <input type="checkbox"/> Reg <input type="checkbox"/> Draft Agreement	<b>YMCA Youth Development Staff: (INITIAL)</b> <input type="checkbox"/> Daxko <input type="checkbox"/> Draft <input type="checkbox"/> FA <input type="checkbox"/> Site Copy
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