

CHILD INTAKE FORM
(Please, print clearly)

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Address: _____

Guardian 1 Name: _____ Employed at: _____

Daytime Tele: _____ Business Tele: _____

Guardian 2 Name: _____ Employed at: _____

Daytime Tele: _____ Business Tele: _____

Best Email(s): _____

IF PARENTS CANNOT BE REACHED, OUR LOCAL EMERGENCY CONTACT IS:

Name: _____ Relationship to Child: _____

Phone Number: _____ Address: _____

ADDITIONAL AUTHORIZED PICK-UP PERSONS

Provide all requested information for each person with authorization to pick-up your child (friend, relative, nanny, etc). We will need to know at drop-off if someone other than you is picking-up; we will require a photo ID of that person.

Name	Relation to Child	Driver's License	Phone Number

WAIVERS: Check if answer is **YES:**

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

I have reviewed the *Child Care Policy Handbook* at:

<http://www.ymcafoxcities.org>

My child has permission to play in Adventure Alley or the playground with supervision.

I allow my child's picture to be taken and displayed in the center.

PARENT SIGNATURE _____ **DATE:** _____

ABOUT MY CHILD(REN)

Please, take a moment to tell us about your child(ren) so that we can make his/her first few visits successful.

Does your child have any **allergies**? _____

What your child likes? _____

What causes anger or frustration? _____

If my child is upset for more than _____ minutes, please call or come and find me.

Any other information that will help us in our daily interactions with your child: _____

THANK YOU!