

Y'S KID CLUB REGISTRATION, ENROLLMENT AND INFORMATION FORM

To be filled out Parent/Guardian. Return to YMCA prior to child's first day.

This form allows us to get to know your child better, please fill out completely and return to Program. It will be kept in your child's file, along with the following forms required by KDHE Licensing Regulations.

Please print or type. Please fill out separate applications for multiple children.

Child's Full Name: _____

Date of Birth: ____/____/____ Nickname: _____

Current Age: _____

Current School Year _____ Grade: _____

Your Child's School ___ RES ___ WES ___ LES ___ EES ___ St Josephs ___ Elyria

Your Child's YKids Site: ___ WES ___ EES ___ YMCA (days out of school) ___ YMCA (Summer)

Parent's Marital Status: Single Parent Together Married Separated Divorced Widow/Widower

Parent Child resides with: _____

Address, City, State, Zip: _____

Home/Cell Phone: _____

Mother's Name: _____

Mother's Work Place: _____

Mother's Work Number: _____

Mother's E-Mail: _____

Father's Name: _____

Father's Work Place: _____

Father's Work Number: _____

Father's E-Mail: _____

List Persons Authorized to Pick Up Child (Other Than Parents Listed):
Name: _____ Name: _____
Name: _____ Name: _____

List Brothers and Sisters and Their Age:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Date my child will begin YKids Club: ____/____/____

School Year: My child will arrive at 3:06pm and will be picked up by _____pm.

Summer: My child will arrive at _____am/pm and will be picked up by _____am/pm.

Please check appropriate statement(s):

___ I have multiple children enrolling in the program. Indicate how many ___.

___ I have a YMCA membership. ___ I have a YMCA Membership with Financial Assistance.

___ I am interested in a YMCA membership with Financial Assistance.

___ I am working with DCF. I understand I am responsible for the fees until the YMCA receives a contract from my case worker and any fees my DCF allowance does not cover.



Other Important Information about your Child:

Please fill out as honestly as possible, as information given will help us get to know your child.

1. What is your child's usual reaction to exposure to a new situation?

2. How do you feel that your child may react to joining YKids Club initially?

3. Describe your child's favorite learning and play activities.

4. Does your child watch TV? Yes No

If yes, approximately how many hours per day (school year)? _____

If yes, approximately how many hours per day (summer)? _____

What type of programs? _____

Are you opposed to your child watching TV/Movies during YKids? Yes No

5. Does your child play on the computer? Yes No

If yes, approximately how many hours per day (school year)? _____

If yes, approximately how many hours per day (summer)? _____

What type of applications? _____

Are you opposed to your child using a computer during YKids? Yes No

6. Do you sometimes have a hard time disciplining your child? Yes No

If yes, please check one of the following, Most of the time Some of the time

7. List disciplinary procedure use by mother / father / guardian:

8. What is the most effective and why?

9. Are you consistent with discipline? Do you usually follow through when you say something?

10. Describe any special concerns you may have about your child?

11. Name the personality traits you feel describe your child.

12. What are you most interested in seeing YKids Club develop in your child?
