



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GLOW YMCA School Age Child Care Program Participant Information Form

CHILD AND FAMILY INFORMATION

| | | | | | |
|--|--------------|--|--------------|-----------------|---|
| Child's Name: | | Date of Birth: | Age: | Grade in Fall: | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address: | | City, State, Zip: | | School: | |
| Child's Nickname: | | Child lives with: | | Teacher's Name: | |
| Mother/Guardian Name: | | Street Address: | City, State: | Zip: | |
| <input type="checkbox"/> Emergency Contact | Home Number: | Email Address: | | Place of Work: | |
| <input type="checkbox"/> Pick-up Authorization | Cell Number: | | | | |
| Father/Guardian Name: | | Street Address: (If different than above) | City, State: | Zip: | |
| <input type="checkbox"/> Emergency Contact | Home Number: | Email Address: | | Place of Work: | |
| <input type="checkbox"/> Pick-up Authorization | Cell Number: | | | | |
| Name of Individual Responsible for payment: | | DOES YOUR CHILD ROUTINELY CARRY AN EPI-PEN? Y OR N | | | |
| | | DOES YOUR CHILD ROUTINELY CARRY AN INHALER? Y OR N | | | |

ALTERNATIVE CONTACT INFORMATION (INDIVIDUAL MUST BE 16 YEARS OR OLDER WITH PHOTO I.D.)

| | | | | | |
|-------|-------------|------------------|------------------------|---|---|
| Name: | Home Phone: | Alternate Phone: | Relationship to child: | <input type="checkbox"/> Emergency Contact? | <input type="checkbox"/> Pick-up Authorization? |
| Name: | Home Phone: | Alternate Phone: | Relationship to child: | <input type="checkbox"/> Emergency Contact? | <input type="checkbox"/> Pick-up Authorization? |
| Name: | Home Phone: | Alternate Phone: | Relationship to child: | <input type="checkbox"/> Emergency Contact? | <input type="checkbox"/> Pick-up Authorization? |

| | | | |
|-----------------------------------|---------------------------|---|-----------------------|
| OFFICE USE ONLY | FA/Scholarship: -----% | Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | Date of registration: |
| Payment must accompany paperwork. | | Amount Paid: | Staff Initials: |

