

Y's Kids
Clippard Family YMCA SACC
Enrollment Form

Enrollment Date: _____ School Name: _____

SCHEDULE INFORMATION

My child will be in attendance in the Y's Kids program:

M T W TH F AM AND/OR M T W TH F PM

CHILD'S INFORMATION

Child's Name: _____

Does your child have a nickname? Yes No

If yes, what is it: _____

Birthdate: _____ Age: _____

Grade: _____ Phone: _____

Teacher's Name & Room #: _____

How will your child get to and from school: _____

Does your child have any food allergies? Yes No

If yes, please identify: _____

Child lives with: Both Parents ___ Mother ___ Father ___ Other ___

Marital Status of Parents: Married ___ Div. ___ Single ___ Other ___

****Note: In the case of divorce, adoption, foster parenting or other court-ordered activity, attach a copy of the court order granting custody.**

Names of brothers & sisters

Birthdate

Names of others living in the home

Relationship to child

What language is spoken in your home: _____



PARENT SURVEY

How does your child show feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

Does your child make new friends easily? _____

What activities (indoor or outdoor) does your child enjoy?

What characteristics in your child's development would you like ;
Encouraged? _____

Discouraged? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

What is the best method of communication for you to get information about your child?

Written _____ In Person _____ By Phone _____

Do you have any special talents, hobbies, or interests that might be used occasionally to enrich our program? _____ What are they?

IN ADDITION TO PARENT/GUARDIAN, MY CHILD MAY BE RELEASED ONLY TO THE FOLLOWING PERSON (S):

NAME:	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: __/__/__

Parent/Guardian signature _____

