

2024 Kids World Summer Program Registration

Child's Name: _____

Address: _____

School child attends: _____

Grade Entering in Fall: _____

Birthdate: _____ Sex: M F

Weeks Child Will Attend: *(No program Thursday, July 4)

____ *7/1-7/5 ____ 7/8-7/12 ____ 7/15-7/19

____ 7/22-7/26 ____ 7/29-8/2 ____ 8/5-8/9 ____ 8/12-8/16

Start Date: _____

Days child will attend program: M T W TH F

SPECIAL INFORMATION:

Illness, Disabilities, Allergies: _____

Medication Taken Regularly: _____

Diet habits, activity restriction, behavior concerns: _____

I give permission to photograph my child for the program activities, for newspaper, FB, web and television releases and educational publications: Yes No

In case of accident, injury, or medical emergency when parents and persons designated cannot be reached, the program may authorize emergency medical treatment (i.e. take to the hospital) and grant access to my child's health records. Yes No

Child's Physician: _____

Address: _____

Phone No: _____

I consent to the enrollment of the child listed above. I understand that the YWCA does not bill for this program and I agree to pay the weekly fee. Unpaid bills will result in your child's dismissal from our Program.

Parent/Guardian Signature: _____

Date Signed: _____

Parent/Guardian: _____

(Mother's name)

Address: _____

Home Phone No: _____

Place of Employment: _____

Work Phone No: _____

Cell Phone No: _____

Email Address: _____

Parent/Guardian: _____

(Father's name)

Address: _____

Home Phone No: _____

Place of Employment: _____

Work Phone No: _____

Cell Phone No: _____

Email Address: _____

Is there a special custody situation? N/A yes no
(If yes, please provide a copy of your custody order with this form)

List the Names of Adults who may pick up your child from the program without a note and who are emergency contacts:

1) Name: _____

Relationship: _____

Phone: (H) _____ (W) _____ Cell _____

2) Name: _____

Relationship: _____

Phone: (H) _____ (W) _____ Cell _____

3) Name: _____

Relationship: _____

Phone: (H) _____ (W) _____ Cell _____