

YMCA Emergency Information Sheet

Child's Full Name: Nickname:		Date of Birth: / /	Gender:
Child's Home Address:			
Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: () -		Address of Person Enrolling Child:	
Email Address:			
EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER/ EMAIL
Primary Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	() -	() -

Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/ Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____	
Child's Primary Care Physician's Name/ Group:	Phone Number: () -
Preferred Hospital:	Phone Number: () -
Child's Dentist:	Phone Number: () -
Child health insurance information is available by calling toll-free 1-800-698-4543 or The NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS	
I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permission for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I've provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs or at least once a year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

Play & Learn Billing Form

Childs Name: _____

Payment method:

Credit Card

Cash

Credit Card Info

Name on card: _____

Card Type: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

CVC: _____

*Payments are due at the beginning of each
session*