



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**BARBARA B. JORDAN YMCA 2021-2022  
PRESCHOOL REGISTRATION**

**CHILD'S SECTION**

**CHILD**

Full Name: Last / First MI  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthdate Sex Age

Street Address  
\_\_\_\_\_

City State Zip  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School Grade in Fall  
Please select youth race and ethnicity from the list below:

Race:  
 American Indian       Hawaiian/Pacific Islander  
 Asian       White  
 Black/African American       Unknown  
 More than one race  
 Ethnicity:  
 Hispanic       Non Hispanic

**HEALTH DATA/HISTORY**

Allergies:  
\_\_\_\_\_

Chronic/recurring illness or medical conditions:  
\_\_\_\_\_

Dietary Restrictions:  
\_\_\_\_\_

Current Medications: (send with instructions)  
\_\_\_\_\_

Special Needs/Physical Limitations:  
\_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company:  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

**Emergency Authorization**

- I authorize any representative of the YMCA to seek medical attention for my child when immediate medical care I warranted by the circumstances and I cannot be reached, or if under any circumstances, there is not time to reach me because of the nature of the injury or illness. I further authorize the health care profession selected by the YMCA to provide necessary care of my child. IN consideration of my child's participation in the activities of the Barbara B. Jordan YMCA, I do hereby agree to hold free from any and all liability the YMCA and its respective officer's, employed and member and do hereby for myself, my heirs, executors and administrators, waive, re-release and forever discharge any and all rights and claims for damages which I may have or hereinafter accrue to me arising out of or connected with my child's participation in any activities of the YMCA. I do hereby declare my child physically sound, having medical approval to participate in the activities of the YMCA. **MUST be completed for child in attendance.**

**REVERSE SIDE MUST BE COMPLETED (OVER)**

**PARENT'S SECTION**

**PARENT or GUARDIAN 1**

Full Name: Last / First MI  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cell Phone Number Parent/Guardian Birthdate

Parent's Email  
\_\_\_\_\_

Address  
\_\_\_\_\_

City State Zip  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer's Name Employer's Phone Number  
\_\_\_\_\_/\_\_\_\_\_

Employer's/Business Address  
\_\_\_\_\_

**PARENT or GUARDIAN 2**

Full Name: Last / First MI  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cell Phone Number Parent/Guardian Birthdate

Parent's Email  
\_\_\_\_\_

Address  
\_\_\_\_\_

City State Zip  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer's Name Employer's Phone Number  
\_\_\_\_\_/\_\_\_\_\_

Employer's/Business Address  
\_\_\_\_\_

**PICK UP AUTHORIZATION & EMERGENCY CONTACTS**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



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## BARBARA B. JORDAN YMCA 2020-2021 PRESCHOOL REGISTRATION

### Transportation Release

- Your child may be using bus transportation provided by the YMCA. This might be for a field trip, or for transportation to and from the site. By my signature below, I give my permission for my child to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and that there will be at least one staff member present at all times. I agree to release the Barbara B. Jordan YMCA and the YMCA staff from any and all claims of damages, demands or liabilities, which may arise because of my child's participation on these bus trips.

### Photo Release

- I understand that my child may be occasionally interviewed, photographed, audio or videotaped for the purposes of promoting and publicizing the Preschool Program.

### Field Trip Policy

- Child will participate in all phases of the program, including but not limited to the following: Use indoor and outdoor play equipment; participate in routine excursions within and away from the YMCA program site; and inclusion in any program evaluation and pictures associated with YMCA Preschool/Pre-K program.

### Drop Off and Dismissal Procedure

- Parking should be done only in designated area so as not to block the front of the building to other vehicle or pedestrian traffic.
- Each child should be signed in when arriving and out when leaving by his or her responsible adult. Please make sure child's teacher is aware of arrival and departure. Classroom doors will be open five minutes before scheduled class time in order to allow teachers to prepare for the day.

### Tuition and Late Pick-Up Fee Policy

- Preschool Tuition is due on Monday morning of the current week.
- Children should be picked up by the posted end-time of their class. A late fee of \$10.00 will be charged for late pick-up, which will be due immediately.

### Two Hour Delay or School Cancellation Procedure; School Calendar

- YMCA Preschool will follow MSD of Martinsville for cancellations. In the event of a school cancellation, all Preschool and Pre-K events for that day will be canceled. If the MSD of Martinsville is on two hour delay, Preschool and PreK classes will operate on a normal schedule (classes starting at 9am).
- YMCA Preschool will follow MSD of Martinsville district calendar for holidays and school breaks. However, we do offer camp when normal classes aren't in session.

I certify that I am the parent or legal guardian of this child and that I have authority to make the representations, and I grant the authorizations for the above policies and procedures.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**REVERSE SIDE MUST BE COMPLETED (OVER)**