FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

***All registration forms must be turned into Melody Beets at the Parker YMCA or to mbeets@ymcajanesville.org**

Y-CARE REGISTRATION FORM

CHILD INFORMATION

Child's Last Name: _____ First Name: _____
Address: _____ City _____ State _____ Zip_____
Birthdate: (mm/dd/yyyy) _____ Gender: ☐ M ☐ F Y Member: ☐ Yes ☐ No

PRIMARY PARENT/GUARDIAN INFORMATION

Name: _____ ☐ Mother ☐ Father ☐ Legal Guardian
Address: _____ City _____ State _____ Zip_____
Phone: _____ E-mail: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____ ☐ Mother ☐ Father ☐ Legal Guardian
Address: _____ City _____ State _____ Zip_____
Phone: _____ E-mail: _____

ATTENDANCE

Location: ☐ Milton West ☐ Milton East
Days of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Will your child be attending before, after or both?
☐ Before Y-Care ☐ After Y-Care ☐ Both

Start Date: _____

AUTHORIZED PICK-UPS/EMERGENCY CONTACT

(Must be someone other than parent/guardian and 18 or older. Your child will not be released to any other individuals unless specified. If changes are desired you must notify the Y in writing.)

Name: _____ Relationship: _____
Phone (primary): _____ Alternate: _____
Address: _____

Name: _____ Relationship: _____
Phone (primary): _____ Alternate: _____
Address: _____

Parent Handbook
☐ I have read and understand the parent handbook and agree to abide by all the policies and procedures stated within the handbook.

Refund/Payment Policy
☐ There is no refund for missed days. Payments are non-refundable and non-transferable unless programs are cancelled by the Y.
☐ I understand the the primary parent is the one financially responsible for the account.

YES/NO (Circle one) I hereby irrevocably release, consent and allow the YMCA of Northern Rock County and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Payment Confirmation
☐ I understand registration is not complete and a spot is not guaranteed until payment is received in full and all paperwork is turned in.

_____ _____ _____
Name of parent or guardian (please print) Signature of parent or guardian Date