

**Children's Alley Enrollment Form**

**Today's Date:** \_\_\_\_\_

**Children**

First Name	Last Name	Birthday	Age	Gender	Race*: (select one or more)	Ethnicity: (select one)
					<input type="checkbox"/> Asian <input type="checkbox"/> A.Indian/AN <input type="checkbox"/> Black/AA <input type="checkbox"/> Hawaiian/PI <input type="checkbox"/> White/C <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic/Latino
					<input type="checkbox"/> Asian <input type="checkbox"/> A.Indian/AN <input type="checkbox"/> Black/AA <input type="checkbox"/> Hawaiian/PI <input type="checkbox"/> White/C <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic/Latino
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\*RACE ABBREVIATIONS: **A**=Asian; **AI/AN**=American Indian or Alaskan Native; **B/AA**=Black or African American; **H/PI**=Native Hawaiian or other Pacific Islander; **W/C**=White/Caucasian; **O**=Other Race

Primary Parent/Guardian	Secondary Parent/Guardian
Name: _____	Name: _____
Relationship to Child _____	Relationship to Child _____
Cell: _____ Work: _____	Relationship to Primary Parent _____
Home Phone: _____	Cell: _____ Work: _____
Street _____	Home Phone: _____
City: _____ State: _____	<input type="checkbox"/> Same as Primary
Zip: _____ County _____	Street _____
Email: _____	City: _____ State: _____
Employer: _____	Zip: _____ County _____
Employer Address: _____	Email: _____
	Employer: _____
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan	Employer Address: _____
<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian	Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan
<input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> Other Race	<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> Other Race
	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Check if contacts listed above are Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single Mom \_\_\_\_\_ Single Dad \_\_\_\_\_

Number in Household \_\_\_\_\_ # Children in Household \_\_\_\_\_

Total Household Income \_\_\_\_\_ *verification required for sliding fee (paystub, tax document, etc)*

**Emergency Contacts/Pickup Permission**

We require two (2) emergency contacts OTHER than the parent(s) or doctor while your child is at Children's Alley. THEY MUST BE LOCAL NUMBERS. In all situations we will first attempt to reach the parent(s)/guardian.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Phone: 1 \_\_\_\_\_ 2 \_\_\_\_\_

City of Residence: \_\_\_\_\_

City of Residence: \_\_\_\_\_

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

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

Additional pickup permission names and phone numbers: \_\_\_\_\_

Children will be released ONLY to the persons listed on this form unless otherwise authorized by the parent/guardian. Please notify us IMMEDIATELY of any custody arrangements and provide us the copies of any legal documents you may have.

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**Medical Contacts:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

How did you hear about Children's Alley?  Parent/Friend  Website  Sign  Yellow Pages  
 Other \_\_\_\_\_

**Permissions**

In the interest of your child's health, the state has enacted rules about non-prescriptive (over-the-counter) medications. All prescription and non-prescription medicines require a Medical Authorization Form from your doctor. The following exceptions can be made with the parent's permission.

- | I give the YWCA Children's Alley permission to administer the following over the counter medications:  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Sunblock (SPF 30, hypo-allergenic, and PABA free)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Diaper rash cream/ointment (supplied by the parent)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Lotion for chapped skin (supplied by the parent)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lip protection for chapped lips and teething remedies (supplied by the parent)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Occasionally the teachers may take a group of children on a walking field trip; I would like my child to participate in this activity.                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I give the YWCA Children's Alley permission to allow my children to participate in a video viewing activity.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I give the YWCA children's Alley permission to use my child's photograph in their newsletter or other promotional printed materials.                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have read and understand the terms under the philosophy and procedures of Children's Alley and agree to the parent responsibilities in the parent handbook. | <input type="checkbox"/> | <input type="checkbox"/> |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Children's Alley Enrollment Form**  
*Individual Child Information Page*

We collect this information to better care for your child. Please complete **one per child** as needed.

Today's Date _____	Child's Name _____	Age _____
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**Allergies (to food, animals, insects, medications, etc.)**

Allergy \_\_\_\_\_ Severity:  Mild  Moderate  Severe  
Treatment/Comment \_\_\_\_\_

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*Note: Due to state regulations all **milk allergies** must be accompanied by a **doctor's note**.*

**Food Restrictions** \_\_\_\_\_

**Comments to teachers about Sensitivities? Behaviors? Health Conditions? Disabilities?** (behavioral, physical, social, emotional, developmental)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Infant and Toddlers Only**

Is your child potty trained?  yes  no  in training

What does your child need for comfort? Blanket, toy, etc.

\_\_\_\_\_

How do you put your child down to sleep? Please list usual naptime and wakeup time.

\_\_\_\_\_

\_\_\_\_\_

Other Instructions: \_\_\_\_\_

**Infant Only**

How many bottles per day and times? \_\_\_\_\_

\_\_\_\_\_

How many ounces per feeding? \_\_\_\_\_

Circle the foods that have NOT been introduced to your child yet: Wheat Eggs Dairy Citrus  
*(Note: we never serve peanuts at Children's Alley)*

Do they need food to be puréed? \_\_\_\_\_

Does your child feed themselves? \_\_\_\_\_ using a spoon? \_\_\_\_\_

What can your child do?  Roll  Crawl  Sit  Stand  Walk

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