

Children's Alley Enrollment Form

First Visit Date: _____ ID: _____

<u>Child(ren) Names</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Age</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Please explain any of the following that apply to your child(ren):

Food Restrictions (Please list substitute foods) _____

Allergies(to food, animals, insects, medications, etc.): _____

Medical Information (i.e. seizures, drug reactions, etc.): _____

Special Needs (behavioral, physical, emotional, social, developmental): _____

Physician: _____ Phone: _____ Address: _____

Dentist: _____ Phone: _____ Address: _____

Hospital of Choice: _____ Phone: _____ Address: _____

Health Insurance: Medicaid? _____ Private? _____ None _____ Other? _____

Has your child had immunizations? Yes _____ No _____

Family:

Marital Status: Married _____ Single Mom _____ Single Dad _____

Number in Household: _____

Ethnicity: (Please choose only one) Hispanic _____ Non-Hispanic _____

Race: (Please choose one or more)

African-American ___ Asian ___ Caucasian ___ Native American ___ Other ___

Total Family Income—required to determine the sliding scale pay rate: _____

Are your child's visits being reimbursed by: CCCAP _____ Other _____

Mother/Guardian Name:

First: _____ Last: _____ Date of Birth: _____

Street _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell: _____

Employer: _____ Employer Address: _____

Father/Guardian Name:

First: _____ Last: _____ Date of Birth: _____

Street _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell: _____

Employer: _____ Employer Address: _____

(please fill out other side)

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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.

Name: _____ Address: _____
Relationship: _____ Home Phone: _____ Work/Cell: _____

Name: _____ Address: _____
Relationship: _____ Home Phone: _____ Work/Cell: _____

***In all situations we will first attempt to reach the parent(s)/guardian. 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.**

I give the YWCA Children's Alley permission to apply sunblock to my child as needed. (Sunblock used is SPF 30, hypo-allergenic, and PABA free.) Yes _____ No _____

I give the YWCA children's Alley permission to use my child's photograph in their newsletter or other promotional printed materials. Yes _____ No _____

Occasionally the teachers may take a group of children on a walking field trip; I would like my child to participate in this activity. Yes _____ No _____

I give the YWCA Children's Alley permission to allow my children to participate in a video viewing activity. Yes _____ No _____

**How did you hear about Children's Alley? _____
Parents' Initials _____**

In the event of an emergency in which a parent cannot be reached, Children's Alley staff are authorized to perform First Aid/CPR measures which they are certified or to allow medical personnel to perform necessary medical procedures. I have also read and understand the terms under the philosophy and procedures of Children's Alley and agree to the parent responsibilities included in this agreement.

Parent/Guardian Signature _____ Date _____

Printed Name _____
