

CHILDCARE ENROLLMENT FORM

CHILD CARE

All sections of the form must be completed.

CHILD INFORMATION

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: ____/____/____

School attending: (2025-2026) _____

Grade Entering: (2025-2026) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Ethnicity: Check all that apply

- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Hispanic or Latino
- ☐ Other

PROGRAM INQUIRY

Has your child previously attended a YMCA Southcoast child care program? _____

How did you hear about the program? _____

PAYMENT

Use your EFT or credit care on file? ☐ Yes ☐ No

My child has a Voucher. ☐ Yes ☐ No

Contact you for updated payment information. ☐ Yes

CHILD ALLERGIES

Food allergies: All children with a food allergy are required to have a food allergy emergency plan on file. If your child has a food allergy, please note that we require the plan to be emailed prior to accepting your registration is complete. Include specific foods and reactions that they may have to these foods.

☐ Please check the box if your child does NOT have any food allergies.

If applicable list more details below.

PARENT/GUARDIAN

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Primary's Date of Birth: ____/____/____

Relation to Child: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

CHILD INFORMATION

In order to best meet your child's needs, we require that you list any health conditions that your child may have , such as physical limitations, emotional or behavioral issues, allergies, existing illness, injures during the past 12 months, any medication prescribed for long-term continuous use, IEP/504, and any other information.

Does your child require emergency medication at the program?

- ☐ Yes
- ☐ No

Does your child require an epi pen?

- ☐ Yes
- ☐ No

Does your child require an inhaler?

- ☐ Yes
- ☐ No

Does the child have an IEP/504?

- ☐ Yes
- ☐ No

☐ Please check the box if your child does NOT have any special circumstances or medical conditions that require our attention or awareness.

If applicable list more details below.

CHILD ENROLLMENT SELECTION

After School Age Care

Before School Age Care

Preschool Full Day

M	T	W	T	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

