



Registration 2009-10

\$65.00 Registration Fee Required

CHILD'S INFORMATION

CHILD'S NAME	GRADE	AGE	CARSEAT	Y	N
		BIRTHDAY			

PARENT/GUARDIAN	RELATIONSHIP	HOME PHONE
ADDRESS	CITY ZIP	CELL PHONE
		WORK PHONE

EMAIL ADDRESS

PARENT/GUARDIAN	RELATIONSHIP	HOME PHONE
ADDRESS	CITY ZIP	CELL PHONE
		WORK PHONE

EMAIL ADDRESS

EMERGENCY CONTACT	RELATIONSHIP	PHONE
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ARE THERE ANY CURRENT OR PENDING LEGAL PARENT/CUSTODIAL ISSUES? IF YES, WE WILL NEED A COPY OF THE CUSTODY PAPERWORK.	Y	N
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<p style="text-align: center;">CIRCLE ONE</p> <p>YMCA COMMUNITY MEMBER FACILITY MEMBER</p>	MEMBER #
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PROGRAM	SCHEDULE <small>circle days</small>
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BEFORE SCHOOL (7:00-SCHOOL STARTS)	M T W TH F
BEFORE KINDERGARTEN (held at Adams Elem, transport to Crest for PM Kindergarten)	M T W TH F
BEFORE KINDERGARTEN AND AFTER SCHOOL (held at Adams Elem, transport to Crest for PM Kindergarten)	M T W TH F
AFTER KINDERGARTEN (after kindergarten-school ends)	M T W TH F
AFTER KINDERGARTEN/AFTER SCHOOL(after kindergarten-6:00 pm)	M T W TH F
AFTER SCHOOL (after school-6:00 pm)	M T W TH F

FEES PAID:	RECEIPT #:
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START DATE:

EUGENE FAMILY YMCA

2055 Patterson Eugene OR 97405 541.686.9622 www.eugeneymca.org

We build strong kids, strong families, strong communities.

**Child and Adult Care Food Program Child Enrollment Form
Child Care Centers**

Annual enrollment in the Child and Adult Care Food Program (CACFP) is required by federal regulation.

Complete the following information for each child enrolled at the center. Attach additional pages if necessary. Sign, date and return this form to the Child Care Center.

Eugene Family YMCA
CACFP Sponsor Name

CREST

Name of center where child is in care (if different than CACFP Sponsor)

CHILD INFORMATION

Last Name	First Name	Last Name	First Name
Normal Meals Received in Care		Normal Meals Received in Care	
<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper
<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack

Last Name	First Name	Last Name	First Name
Normal Meals Received in Care		Normal Meals Received in Care	
<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper
<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack

Signature of Parent or Legal Guardian

Printed Name

Date Signed:

Month	Day	Year

USDA and the State of Oregon are equal opportunity providers and employers



YMCA Child Care Health Form Information and Authorization

YMCA Program (circle)					Circle Days					
RB FR CR ED FH MC PT SC YG/C					M T W TH F					
Name of Child		Nickname	Gender		Birthday		Age			
			B G							
Child's Home Address							Phone Number			
Parent/Guardian Name			Home Address				Phone Number			
Employer			Work hours		Work Phone		Cell Phone			
Parent/Guardian Name			Home Address				Phone Number			
Employer			Work Hours		Work Phone		Cell Phone			
Child's Doctor			Address				Phone Number			
Child's Dentist			Address				Phone Number			

Besides those listed above, the following people are authorized to pick up my child

Please contact this person
in case of an emergency

Name	Relationship	Phone	Yes	No

My child has allergies	Yes		No	
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List:	
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My child needs a car seat/booster	Yes		No	
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	weight		age	
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Child has a physical, developmental condition, chronic illness or other problem?

Explain:

Up to Date Immunizations	Yes		No	
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	Date of last Tetanus		Date of Last DTP	
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Current Medication	
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List:	
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Has your child had	
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Measles		Whooping Cough		Scarlet Fever	
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Mumps		Chicken Pox	
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Meal Considerations:	
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Vegetarian		Vegan		Diabetic	
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General Information	
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Please give any information concerning your child which will be helpful for staff:

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Emergency Medical Treatment Authorization & Registration Agreement

◆As a parent or legal guardian of the following child: _____, I hereby authorize the Eugene Family YMCA, 2055 Patterson, Eugene OR, 97405, 686-9622, to seek dental, medical or surgical treatment for the above named child, when qualified staff deem necessary, if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. In an emergency, the Eugene Family YMCA has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

◆I have read the parent handbook and I understand and will adhere to all YMCA policies. As a participant in programs at the Eugene Family YMCA I understand the following: my child will be taken on field trips or excursions by van, bus or private motor vehicle under proper supervision, my child may participate in swimming activities at the YMCA, my child may have sunscreen applied, and my child may be photographed and the photos may be used for publicity or news purposes for the YMCA.

Signature		Date	
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EUGENE FAMILY YMCA
It's Where Your Family Belongs!
2055 Patterson Eugene OR 97405 541-686-9622 www.eugeneymca.org