

Y FRIENDS

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
ARE THERE ANY CURRENT OR PENDING LEGAL PARENT/CUSTODIAL ISSUES? IF YES, WE WILL NEED A COPY OF THE CUSTODY PAPERWORK.			Y	N
CIRCLE ONE YMCA COMMUNITY MEMBER FACILITY MEMBER			MEMBER #	
PROGRAM			SCHEDULE <small>circle days</small>	
5 DAYS			M T W TH F	
4 DAYS			M T W TH F	
3 DAYS			M T W TH F	
2 DAYS			M T W TH F	
M-F am 7:00 am-12:00				
FEES PAID:		RECEIPT #:		
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

Eugene Family YMCA
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	
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<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 SUMMER CAMP Health Form

Information and Authorization

School Child Attends (circle)										Circle Days					
ATA	Ch	Est	Edi	Gil	Har	Pkr	Rid	VS			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