

YWCA Fun Factory-Enrollment Form for

Please call Amy or Lacey at 814-827-2746 ext 106 with any questions

ENROLLMENT: I WISH FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING CLASS:

___ 3-DAY (Monday, Tuesday, Wednesday) ___ 2-DAY (Thursday, Friday)

CHILD'S LAST NAME: _____ FIRST NAME: _____

BIRTHDAY: _____ AGE: _____ GENDER: _____

HEATH CARE AND NEEDS INFORMATION:

Any Special Needs the Child Has: _____

Medications Child is Currently Taking: _____

Food/Other Allergies your child has: _____

Family Physician: _____ Telephone: _____

MEDICAL INSURANCE COMPANY: _____ ID# _____

ENROLLING PARENT/GUARDIAN:

#1 LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ HOME

TELEPHONE: _____ WORK TELEPHONE: _____

CELL PHONE: _____ RELATIONSHIP TO CHILD: _____

#2 LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CELL PHONE: _____ RELATIONSHIP TO CHILD: _____

EMERGENCY/PICK-UP INFORMATION: The following persons have permission to pick up my child or to be called in case of an emergency. I understand that in addition to the parents/guardians listed above, that my child will NOT be released to anyone not on the list below (if you need addition space please attach to a sheet of paper)

PERSON #1: _____ PHONE NUMBER: _____

PERSON #2: _____ PHONE NUMBER: _____

I GIVE MY AUTHORIZATION FOR THE FOLLOWING-PLEASE INITIAL EACH ITEM THAT YOU GIVE YOUR PERMISSION FOR:

Emergency Medical Care: _____ First Aid/CPR: _____ Walks: _____ Special Field Trips: _____

Pictures/Video: _____ Name of my child in press releases: _____ Library: _____

LIABILITY WAIVER: By signing this application, I agree to hold the YWCA free from all liability of my child should my child participate in the Fun Factory.

PARENT/GUARDIAN 1 SIGNATURE: _____ DATE: _____

How did you hear about us: ___ Flyer ___ Newspaper ___ Phonebook ___ Other
Referral (who were you referred by) _____