



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA OF GREATER ERIE  
APPLICATION FOR EARLY LEARNING & SCHOOL-AGE ENRICHMENT**

YMCA MEMBER : Branch \_\_\_\_\_  NON-MEMBER

Has this child or any others in the household attended a YMCA Program?  Yes  No  
If yes, where? \_\_\_\_\_

Site Requested: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade/Classroom: \_\_\_\_\_

|   |  |                                    |  |   |  |
|---|--|------------------------------------|--|---|--|
| Child's Name  |  | Date of Birth                      |  | Male <input type="checkbox"/> Female <input type="checkbox"/> |  |
| Child's Social Security Number  |  | School District of Residence       |  |   |  |
| <b>Circle Race:</b> Caucasian; African American; American/American; Asian/Pacific Islander; Hispanic (Chicano/Latino); Multiracial; Alaskan; Other <b>For clerical use only, will not effect services offered.</b><br><b>Circle Ethnicity:</b> Hispanic or Non-Hispanic <b>For clerical use only, will not effect services offered.</b> |  |                                    |  |   |  |
| <b>PARENT INFORMATION IS REQUIRED ON BOTH PARENTS.</b><br><i>Regulations require a COURT ORDER to be on file should there be any restrictions regarding visitation or custody.</i>  |  |                                    |  |   |  |
| Mother's Name/Legal Guardian  |  | Home Phone                         |  | Cell Phone  |  |
|   |  |                                    |  | Access Code   |  |
| Address:  |  | City/State/Zip                     |  | e-mail address  |  |
| Business  |  | Business Phone (include extension) |  | Fax Number  |  |
| Business Address:   |  | City                               |  | State   |  |
|   |  |                                    |  | Zip   |  |
| Father's Name/Legal Guardian  |  | Home Phone                         |  | Cell/Pager  |  |
|   |  |                                    |  | Access Code   |  |
| Address:  |  | City/State/Zip                     |  | e-mail address  |  |
| Business  |  | Business Phone (include extension) |  | Fax Number  |  |
| Business Address:   |  | City                               |  | State   |  |
|   |  |                                    |  | Zip   |  |
| <b>CHILD'S MEDICAL INFORMATION</b>  |  |                                    |  |   |  |
| Name of Child's Physician/Medical Care Provider   |  | Phone:                             |  | Fax:  |  |
| Address   |  | City                               |  | State   |  |
|   |  |                                    |  | Zip   |  |
| Special Disabilities None   |  | Allergies                          |  |   |  |
| Medical or Dietary Information Necessary in Emergency Situation   |  | Medication(s):                     |  |   |  |

|   |  |
|---|--|
| OTHER INFORMATION NECESSARY FOR THE CARE OF YOUR CHILD:<br><input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Learning Disability <input type="checkbox"/> Diabetes<br>Other: _____ | Other information on special needs of child: _____ |
| Health Insurance Coverage or MA benefits  | Policy Numbers (REQUIRED)                          |

**PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

|  |   |
|--|---|
| Obtaining Emergency Medical Care         | X |
| Minor First Aid Procedures               | X |
| Transportation by the Facility           | X |
| Walking and Trips                        | X |
| Swimming and/or Wading                   | X |
| Consent to be Photographed for Promotion | X |
| Consent to be Videotaped for Promotion   | X |

**Person(s) to Whom the Child May Be Released/Emergency Contact Information**

| Name | Address | Phone | Emergency Contact? | Access Codes | Relationship |
|------|---------|-------|--------------------|--------------|--------------|
|      |         |       | Y / N              |              |              |
|      |         |       | Y / N              |              |              |
|      |         |       | Y / N              |              |              |
|      |         |       | Y / N              |              |              |

Enrollment Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of YMCA Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_

**6 Month Periodic Review:**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Review of Assessment Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Review of Assessment Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Information - Primary Guardian**

**Child's Name** \_\_\_\_\_ **Parent Name:** \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Relationship to Child:  Father  Mother  Grandparent  Guardian  Other: \_\_\_\_\_

Role:  Primary Guardian  Secondary Guardian  Legal Guardian

**Education Status of Guardian 1:**

- Up to 8<sup>th</sup> Grade
- 9<sup>th</sup> to 11<sup>th</sup> Grade
- High School Diploma  GED  Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelor's Degree
- Graduate/Professional School
- Unknown

**Employment Status of Guardian 1:**

- Employed Full-Time (30 hours/week and over)  Seasonal
- Employed Part-Time (Fewer than 30 hours/week)  Student or Job Trainee
- Multiple Part-Time  Unemployed

Is your Family homeless?  Yes  No

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

Language spoken in the home:  English  Non-English  Multi-lingual

**Child Enrollment Information:**

Number of days per week \_\_\_\_\_

Hours per week \_\_\_\_\_

Schedule  Full Day  Half Day

**Information must be updated as soon as possible after changes occur.**