



YMCA OF METROPOLITAN CHATTANOOGA PRESCHOOL APPLICATION

Full Name of Child: _____

Date of Admission: _____ Child's DOB: _____ Name the Child goes by: _____

Last (4) digits of child's social _____

Is the child related to the primary caregiver? YES NO

If so, how? _____

Mother's Information

Father's Information

Date of Birth:		
Home Address:		
Home Phone:		
Cell Phone:		
Employment:		
Work Address:		
Work Phone:		
Work Hours:		
Email Address:		

Marital Status: MARRIED SEPARATED DIVORCED WIDOWED

Child's Legal Guardian(s): BOTH PARENTS MOTHER FATHER OTHER

If Other: _____

Child's Living Arrangements: BOTH PARENTS MOTHER FATHER OTHER

If Other: _____

Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Background Information:

Other Children in Home:	Date of Birth:	School:

Emergency Contact Information:

Please list the name of each individual, other than the child care provider, authorized to act for parent in an emergency; these people are authorized to pick-up child:

	First Contact:	Second Contact:	Third Contact:
Name:			
Home Address:			
Home Phone:			
Place & Address of Work/School			
Work/School Phone:			
Work Hours:			

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation to your child:

Insurance Information:

Insurance Company: _____ Policy Number: _____

List Anyone Not Authorized to Pick-Up Your Child: (Please explain)

Please list any other adults to whom your child may be released or are authorized to provide transportation to your child:

Name: _____

Name: _____

(If the person is a legal parent / guardian, you must have legal documents from the court stating this person is not allowed to pick-up your child.)

Experiences with Others:

What are some ways the child plays at home? _____

Does he/she play with children from other families: _____ How? _____

Does he/she react when he/she does not get his/her own way? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Between-Meal Snacks? _____ Does the child feed himself / herself? _____

What is the child's general attitude toward eating? _____

If the child refuses to eat, how is this handled and by whom? _____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____

Sleep Habits:

Has own room? YES NO

Shares room with: _____

At night sleeps from _____ to _____ Average hours of sleep per night: _____

Naps from _____ to _____ Average hours of nap: _____

Attitude toward going to bed: _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed? _____

Is bed wetting an issue? YES NO At nap time? YES NO At night? YES NO

If yes, how is the situation handled? _____

Toilet Habits:

Time(s) at which the child is taken to the bathroom? _____

Time of Bowel Movement(s)? _____

Is your child typically: REGULAR CONSTIPATED

Can the child take themselves? YES NO

Does the child tell you when he/she needs to go and does he/she go willingly? _____

Can he/she manage his/her clothes at the toilet? _____

What words does he/she use for Urinating: _____ Bowel Movements: _____

Parent Declarations:

Statement:	YES	NO
I received a summary of the licensing requirements.		
I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).		
I visited the facility prior to enrolling my child. Pre-Enrollment Visit Date: _____		
I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.		
I hereby consent to the use of my child's likeness in photographs, film, or videotape for use in editorial, illustration or promotional purposes (including Social Media).		
I understand that the YMCA does not provide health insurance coverage for participants. I am responsible for my own coverage.		
My child's health history and shot record is current and on file with this registration form. I agree to provide the YMCA with updated shot records as my child receives immunizations and a copy of my child's annual wellness examination.		

My signature below indicates that this registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except those noted by me. I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I have read the rules and policies of the YMCA Child Care program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Date of Child's Withdrawal: _____ Reason for Withdrawal: _____

This form / information shall be maintained for one year after date of disenrollment.
Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of Update:	Parent / Guardian Initials:	Date of Update:	Parent / Guardian Initials: