



Moorland Family YMCA

Child Care Program

907 E. Ledbetter Road • Dallas, Texas 75216 • (214) – 325 – 2583

Name of Child	Date of Birth	T-shirt Size (if applicable)	Home Phone	Age	Grade
Hours & Days in Care M T W Th F ____am to ____pm	Entry Day	School		School #	
Child's Home Address	City	State	Zip Code	Gender	
Parent or Guardian Name	Work Phone ()	Employer Name		Emergency Number ()	
Last 4 digits of parents Social Security #/code () used when releasing children to individuals not listed on this application (staff Verifying #					
Are your child's immunization records on file at the YMCA and all immunization and tuberculosis test results current? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your child's immunization records on file at your child's School? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mother's Driver License / ID.Number			Father's Driver License / ID.Number		

I hereby authorize the YMCA to allow my child to leave the facility ONLY with the following persons (emergency contacts):
 The total household family income: _____ #of children _____

Name Driver License / ID. No. Phone Number ()	Name Driver License / ID .No. Phone Number ()	Name Driver License /ID. No. Phone Number ()
Name Driver License / ID No. Phone Number ()	Name Driver License / ID. No. Phone Number ()	Name Driver License / ID No. Phone Number ()

Parent's Marital Status: __Married __Separated __Divorced __Widowed __Single
 If separated, who has custody of the child _____ May YMCA release child to non-custodial parent? _____

Transportation: I hereby __give __do not give my consent for my child to be transported to and from the YMCA.
Water Activities : I hereby __give __do not give my consent for my child to participate in water activities.
Field Trips : I hereby __give __do not give my consent for my child to participate in field trips.

I certify that my child has been examined by a licensed physician in the past year.I have attached a Health Care Professional's Statement from his/her doctor to verify that he/she is able to participate in YMCA programs:_____

List dietary restrictions:	List all medical conditions,allergies and/or daily medications:
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__ I have received and agree to abide by YMCA's policies. __ I have attached the Health Care Professional's Statement __ I have attached a copy of my childs current shot record __ I have completed my Income Verification form __ I have attached a copy of my recent check stub __ Picture release form	By my signature, and of my free will, I do hereby agree to indemnity and save harmless the Young Men's Association from any and all or claims or demands, cost or expense arising out of any injuries or damage sustained by me or sny party I am responsible to or for
_____ Signature of YMCA Staff Verifying info	_____ Signature - Parent/Legal Guardian
	_____ Date

List any special problems that your child may have, such as previous serious illness, injuries during the past 12 months and any pertinent information. _____

Does your child have:

- Convulsions
- Epilepsy
- Diabetes
- Asthma
- Hayfever
- Hyperactivity

Does your child have allergic reactions to:

- ___ Penicillin
- ___ Foods (specify)
- ___ Insect Bites

List any medications your child is taking _____

Parent's Comments: _____

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer first aid and/or transport my child to the nearest hospital.

Name of Licensed Physician	Address	Telephone No.
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NOTARY PUBLIC:

SEAL

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20____

NOTARY PUBLIC SIGNATURE

PRINT OT TYPE NAME OF NOTARY PUBLIC HERE

MY COMMISSION EXPIRES THE _____ DAY OF _____, 20____

I give consent for necessary medical treatment from physician and/or hospital/clinic.

Signature - Parent/Legal\Guardian

Date

Office Use

Source _____	Date _____
Source _____	Date _____
Source _____	Date _____