YMCA BUFFALO NIAGARA

CHILD CARE ENROLLMENT FORM

Name _____

School _____

Grade _____

Age _____

Site _____

Start Date _____

AM Program PM Program

BEHAVIOR MANAGEMENT POLICY

The safety and well-being of each child in our care is our number one priority. When behavior expectations are not met, YMCA staff will implement our behavior management policy to help correct the undesired behavior. Listed below are the steps utilized by our staff:

CHILD INFORMATION

Name _____ Nick Name _____ Male Female

Grade in Fall_____ Date of Birth _____ Phone_____

Home Address_____ City _____ State _____ Zip_____

APPLICANT INFORMATION

Name of person applying for child _____ Relationship to child _____

Address_____ City _____ State _____ Zip_____

Employer_____ Day Phone_____

Cell Phone _____ E-mail Address _____

In case of an emergency, notify: (List contact information for hours during Day Care - for example work address and phone if at work)

Parent/Guardian _____ DOB_____ Address_____

Day Phone_____ Cell Phone _____

Parent/Guardian _____ DOB_____ Address_____

Day Phone_____ Cell Phone _____

Other _____ Address _____

Day Phone_____ Cell Phone _____

Physician or Medical Svc_____ Address _____ (p)_____

Names of individuals authorized to pick up child who are NOT listed above:

Name _____ Address_____ (p)_____

Name _____ Address_____ (p)_____

Name _____ Address_____ (p)_____

Name _____ Address_____ (p)_____

HEALTH INFORMATION

The following information must be filled in by the parent/guardian. The intent of this information is to provide staff the background to provide appropriate care. Provide complete information so that we can be aware of your child's needs.

Allergies Describe reaction and management of the reaction

- Medications (e.g., penicillin) _____ _____
- Food (e.g., eggs, dairy) _____ _____
- Other (e.g., insect stings, hay fever) _____ _____

Medications

Medications require a separate form. Please contact the Child Care Program Director for more information.

Insurance

Is participant covered by family medical/hospital insurance? Yes No Carrier/plan name _____

Name of insured _____ Relationship to child _____

Policy holder SS# or insurance ID # _____ Group # _____ Carrier Address _____

Health History