

YMCA BUFFALO NIAGARA
CHILD CARE ENROLLMENT FORM

Name _____

School _____

Grade _____

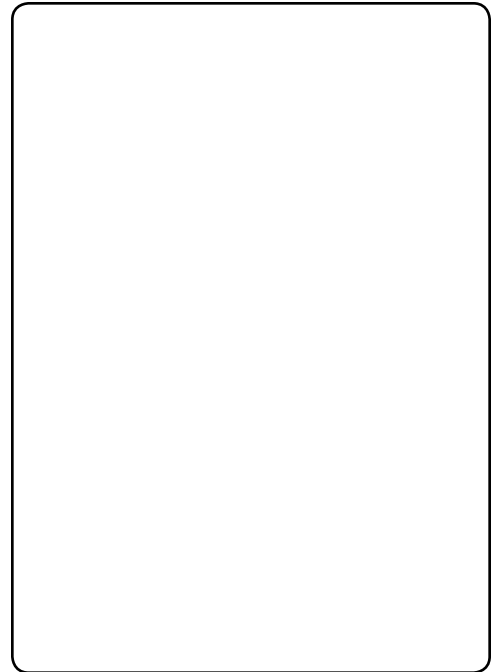
Age _____

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

