



Today's Date ___/___/___

Kids Connection Registration Form (September 12, 2011-June 22, 2012)

Child's Information (please print)

Child's Name _____
Address _____
School Attends _____ Child's Birth date ___/___/___ Grade as of 9/2011 _____
Gender _____ Primary language at home _____ Ethnicity (optional) _____

Parents' Information

1st Parent/Guardian Name _____ Relationship _____
Home # _____ Work # _____ Cell # _____
E-mail address _____
2nd Parent/Guardian Name _____ Relationship _____
Home # _____ Work # _____ Cell # _____
E-mail address _____ Child lives with _____
(Please list all family members in the household)

Emergency Contact and Medical Information

Emergency Contact # 1* Name _____ Relationship _____
Phone # _____ Cell # _____
Emergency Contact # 2* Name _____ Relationship _____
Phone # _____ Cell # _____

***Other than parent. We will always attempt to contact parents first.**

Medical Alerts/Allergies _____

Medications _____ Dosage _____

*** Please note that we are not permitted to dispense medication of any kind.**

Membership Information : (check all that apply) One child in program Two or more Children in program

Days Registering: (check all that apply) Monday Tuesday Wednesday Thursday Friday

Off-Site activities are available with additional fees: (check all that apply)

Tuesday: Swim Lessons Wednesday: Ice Skating/Park Thursday: Recreational Swim

Transportation Information (please check all that apply and provide drop off address)

Pick up at school: Monday Tuesday Wednesday Thursday Friday
Drop off at home: Monday Tuesday Wednesday Thursday **NO DROP OFF FRIDAY**
Drop off address: _____

Late Care: I would like Continued Care from 5:30 – 6:00 PM at the Y (check all that apply):
 Monday Tuesday Wednesday Thursday

Special situations or needs: (If yes, please call 212-569-6200 x220 for an interview.)

Does your child have an **Individualized Educational Plan?** Yes No If so, please provide a copy.

Is there anything about your child's behavioral or emotional needs you would like us to know about?

_____ (attach additional sheets if necessary)



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Registration Agreement

I have read all the information in the Kids Connection brochure and agree to all terms.

Initials _____ Date ___/___/_____

I give authorization for any picture, or video of my child to be used for promotional purposes for the YM & YWHA of Washington Heights & Inwood (the Y). Initials _____ Date ___/___/_____

I understand that the Y reserves the right to change the schedule of activities and bring my child off-site to local parks and that I will be notified of any programmatic changes. Initials _____ Date ___/___/_____

I understand that all medical and dismissal authorization paperwork must be handed in prior to attendance in program. Initials _____ Date ___/___/_____

I understand that the Y consults with a licensed social worker to observe our program on a regular basis. This social worker assists with social & emotional issues as well as program development, and provides outside referrals.

Initials _____ Date ___/___/_____

I understand that if I would need to change my child's activity that the request must be submitted in writing or the request will not be granted. Initials _____ Date ___/___/_____

I understand that an initial interview may be mandatory if my child has an Individualized Educational Plan or Special Needs. Initials _____ Date ___/___/_____

Parent/Guardian Signature _____ Date ___/___/_____

Payment Agreement

I am paying by check or Money Order _____
(Please make checks payable to the YM & YWHA of Washington Heights and Inwood)

I am paying with a credit card (check here and initial below) _____ Please charge my credit card four payments per payment schedule in the Kids Connection brochure on the following dates: September 1 2011, November 15, 2011, January 16, 2012, & March 15, 2012.

Initial _____ Date ___/___/_____

As a Family Member, would you also like to join the Y's Fitness Center? (If yes, please check and initial one of the following options) Please charge my credit card an additional:

\$125 for an individual membership (check here) _____ Initials _____ Date ___/___/_____

\$175 for a couple membership (check here) _____ Initials _____ Date ___/___/_____

Please circle one: VISA MasterCard

Card Number _____ Exp. Date _____

Card Member Signature _____ Date: ___/___/_____

-----For office use only (Do Not Write Below Line)-----

Recv'd by: ___ EZ care: ___ Number of days child is attending: ___ Tuition _____ Transp _____

Family Memb ___ Fitness Memb _____

Instructional Swim ___ Ice Skating _____ Recreational Swim _____

Continued Care: ___ Mon ___ Tues ___ Wed ___ Thurs

TOTAL AMOUNT DUE \$ _____ Payment Plan: Yes ___ No ___ If yes, please fill out payment plan