



TIPTAREA YMCA

DATE: _____
 FEES PAID: _____
 PAYMENT
 METHOD: _____
 STAFF INITIALS: _____

2022 AFTER SCHOOL REGISTRATION FORM

Registration Fee - \$20/DAY

Member Weekly Fee - \$45

Potential Member Weekly Fee - \$60

CHILD'S INFORMATION Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

School: _____ Grade (currently in): _____

Mother/Guardian's Name: _____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Mother's Email: _____ Father's Email: _____

Father/Guardian's Name: _____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Person(s) Permitted to Pick Up Child

Mother ___ YES ___ NO

Father ___ YES ___ NO

Legal Custody: Proof of Custody Required

Mother Only ___ Legal Guardian ___

Father Only ___ Both Parents ___

PLEASE LIST ALL OTHER PERSONS THAT ARE ALLOWED TO PICK UP YOUR CHILD BELOW:

1) _____

2) _____

3) _____

4) _____

5) _____

Emergency Contact Information

Name: _____ Relation to Child: _____

Employer: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____

Medical Information (attach copy of insurance card) Does your child have food allergies? Yes or No

Physicians Name: _____ Phone: _____

PLEASE INFORM US OF ALL THAT APPLY TO YOUR CHILD. WRITE N/A IF NOTHING APPLIES.

Allergies (type): _____

Medication (type & schedule): _____

Special Circumstances (list/explain): _____

