

YWCA YOUNG WONDERS ADMISSION FORM



Application Date: _____ Enrollment Date: _____ Discharge Date: _____

School/classroom registered for _____

CHILD INFORMATION

Child's Full Name: _____ **Date of Birth** _____ **Gender:** F M

Child's Address: _____ **Home Phone:** _____

Ethnicity: _____ **Primary Language Spoken at home:** _____

Name of Insurance Provider _____ **Provider Number:** _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name: _____ **Relationship to Child:** _____ **Home Phone:** _____

Address/City/State: _____

Parent Date of Birth: _____ **Employer:** _____ **Work Phone:** _____

Marital Status: married separated divorced single/widowed **License Plate #** _____

Email Address: _____ **Ethnicity:** _____ **Primary Language Spoken:** _____

Work/School Schedule: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Parent / Guardian 2 (if applicable)

Name: _____ **Relationship to Child:** _____ **Home Phone:** _____

Address/City/State: _____

Parent Date of Birth: _____ **Employer:** _____ **Work Phone:** _____

Marital Status: married separated divorced single/widowed **License Plate #** _____

Email Address: _____ **Ethnicity:** _____ **Primary Language Spoken:** _____

Work/School Schedule: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

EMERGENCY PICK-UP LIST

Name: _____ **Relationship to Child:** _____ **Home Phone:** _____

Address/City/State: _____ **Work Phone:** _____

Name: _____ **Relationship to Child:** _____ **Home Phone:** _____

Address/City/State: _____ **Work Phone:** _____

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ESTIMATED ATTENDANCE SCHEDULE FOR CHILD:

Day	Time In	Time Out	Drop Off Person	Pick Up Person
Mon				
Tues				
Wed				
Thurs				
Fri				

FAMILY INFORMATION

Names/Ages of Siblings: _____

Others in Household and Relationship to Child: _____

CHILD INFORMATION

Child's Nickname: _____

Any distinguishing markings on your child we should know about, such as birthmarks, scars, etc: _____

CHILD'S FAVORITES

Foods/Drinks: _____ Toys/Games: _____

Activity/Things to do: _____ Places to Visit: _____

Colors: _____ Fictional Characters: _____

CHILD'S DISLIKES/FEARS

OTHER SPECIFIC INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD

IS ANYONE IN YOUR HOUSEHOLD OR ON YOUR PICK-UP LIST REQUIRED TO REGISTER WITH THE POLICE DEPARTMENT? Yes No **If yes, please explain:** _____

PARENT VERIFICATION

I, parent/guardian, do hereby certify the above information is correct to the best of my knowledge. I agree to notify YWCA Young Wonders if there are any changes in the information on the admission form or admission packet.

Parent/Guardian name (printed): _____

Parent/ Guardian signature: _____ Date: _____