



**2025- 2026 DAYCARE CHILD INFORMATION FORM (Please Print Clearly and use Blue or Black Ink only)**

Date: \_\_\_\_\_

**CHILD BEING ENROLLED:**

Child's First & Last Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Siblings Names & Ages \_\_\_\_\_

Is anyone restricted from seeing the children? \_\_\_\_\_ If so, a court order document must be presented. NAME OF RESTRICTED

PERSON(S): \_\_\_\_\_

What days will your child be attending? Mon\_\_ Tues\_\_ Wed\_\_ Thur\_\_ Fri\_\_

From what time? \_\_\_\_\_ to \_\_\_\_\_

**FIRST PARENT OR GUARDIAN:** (Must be a legal parent or guardian. This will be first contact, responsible for billing, and must sign form)

Parent/Guardian Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECOND PARENT/GUARDIAN:** (must be legal parent or guardian)

Parent/Guardian Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_



**CONTACT PEOPLE:** (The following people are authorized to pick up and may be contacted in the event parents are not available.)

One contact per line. Please list at least two local contacts.

Contacts should NOT include those listed as first or second parent/guardian.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Immunizations on file YES NO

If your child has a disability, impairment, or condition that requires medication or other accommodations, please inform the YMCA of your child's needs before the program begins to ensure that the YMCA is prepared to address your child's needs. Once a parent/guardian submits a modification request, the YMCA will consider that request on a case-by-case basis and will attempt to accommodate your child within seven days from the date the request is received.

**Please list any special dietary needs or allergies below.**

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**I feel that my child will be successful in a group childcare setting:**

**With Accommodations** \_\_\_\_ **Without Accommodation** \_\_\_\_ "If you feel accommodations are needed a director will contact you for an accommodation request form."



**FIRST PARENT MUST READ AND INITIAL. READ THE FOLLOWING INFORMATION CAREFULLY.**

**EMERGENCY CARE CONSENT:**

I hereby authorize the YMCA to secure emergency medical treatment and transportation for my child under the following conditions:

An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of my child and if reasonable attempts to contact me have failed.

**PHOTOS:** YES  NO

I acknowledge my consent/non-consent to the YMCA to take pictures/videos of my child for YMCA publications, newspapers and/ or media.

**FIELD TRIPS:**

I understand that the preschool and daycare program may take part in field trips. I give my consent for my child to take part in field trips or excursions under proper supervision.

**TUITION:**

All child care programs are billed on a weekly basis (unless set up specially with Daycare Director for bi-monthly payments). Bills are due on the first day of each bill period, which is every Monday. Tuition will have a weekly rate.

There will be a \$10 charge on emergency closures of the daycare that overrides that day's regular cost charge.

A \$25.00 late fee will be charged for tuition payments not paid on a regular time schedule. Payment can be received by check or cash.

There will be a \$35.00 charge on all checks returned/declined for any reason.

Returned checks will not be redeposited. The returned fee and payment amount must be paid within 24 hours by cash or cashier's check. Your child can't attend the program until the balance is paid in full.

Upon enrollment, it is to be understood that all child care fees, tuition, and expenses are the responsibility of the person enrolling in the program. All families enrolled in the program are subject to the same policies, including policies related to the payment of fees (i.e. payment due date, late payment penalties, and



withdrawal from the program, etc.).

In the event that a third party (i.e. Social Services, Child Care Assistance program, employer-sponsored Flexible benefit account, non-custodial parent or extended family member, etc.) is responsible for all or part of the fees due, the agreement is between the guardian enrolling the child and the third party only. YMCA Child Care Services enters into the child care payment and agreement with the enrolling person only.

**ABSENCES/VACATIONS/WITHDRAWALS:**

\_\_\_ Each family is allowed one week of vacation time per year, with written advance notice, for which no fee is charged (Year runs November to October). No vacation will be given without prior written notice.

\_\_\_ If my child is withdrawn from the program, written notification must be given to the Child Care office. Vacation may NOT be used as part of my notification. In order to be re-enrolled, an opening will have to be available.

**I HAVE READ AND UNDERSTAND THE ABOVE AUTHORIZATION , CONSENT, PAYMENT AGREEMENT, AND ABSENCES/VACATION/WITHDRAWAL STATEMENT.**

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_