FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Child Development Center
Registration Form

To be completed by parent/guardian. Please print all information.

Program/Room _____ Start Date _____

Child's Name: _____
Last First Middle

Birth Date: _____ Entrance Age: _____ Home Phone #:_____

Home Address: _____
Street City Zip

Parent/Guardian Information

Mother's Name: _____ Occupation: _____

Name of Co: _____ Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____ Occupation: _____

Name of Co: _____ Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Name	Relationship	Number(s)	Pick Up	Emergency
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

THE GATEWAY FAMILY YMCA
www.tgfymca.org

Association Office
144 Madison Avenue
Elizabeth, NJ 07201
P 908.249.4800
F 908.351.6366

Elizabeth Branch
135 Madison Avenue
Elizabeth, NJ 07201
P 908.355.9622
F 908.355.3572

Five Points Branch
201 Tucker Avenue
Union, NJ 07083
P 908.688.9622
F 908.851.9377

Rahway Branch
1564 Irving Street
Rahway, NJ 07065
P 732.388.0057
F 732.388.9494

Wellness Center Branch
1000 Galloping Hill Road
Union, NJ 07083
P 908.349.9622
F 908.349.2277

WISE Center YMCA
2095B Berwyn Street
Union, NJ 07083
P 908.687.2995
F 908.688.6913

Youth Development Branch
16-20 Jefferson Avenue
Elizabeth, NJ 07201
P 908.355.3061
F 908.436.3769

YMCA CHILD DEVELOPMENT CENTER

PERMISSION FORMS

MEDICAL EMERGENCY

If I cannot be contacted, I give permission for the staff at The Gateway Family YMCA Elizabeth branch Child Development Center to act on my behalf and take my child to Trinitas Hospital.

Parent signature_____ Date _____

PERMISSION FOR WALKING TRIPS

I give permission for my child, _____ to participate in walking trips within the center's neighborhood. I understand these walks do not involve entrance into the facilities.

Parent signature_____ Date _____

PERMISSION FOR TRIPS

I give permission for the YMCA Child Development Center to take my child on trips and to participate in center activities when supervised by a member of the YMCA child care staff.

Parent signature_____ Date _____

PHOTOGRAPHS

I give permission for my child to be photographed while participating in The Gateway Family YMCA Elizabeth Branch Child Development Center activities.

Parent signature_____ Date _____

I ___ do ___ do not (check one) consent to the identification of my child by name in the publication or in film or television.

I ___ do ___ do not (check one) consent to permit at The Gateway Family YMCA Elizabeth branch, or members of the press, to interview my child to obtain information or comments to be used in newspapers, magazines, film, or television.

> I realize that in consenting to the taking and use of any photograph to the interview of and/or to the identification of my child by name, I hereby release and discharge at The Gateway Family YMCA Elizabeth branch and all its agents and employees from any and all liability claims, or demands, in law or in equity, that I might have against any of them by reason of such photographs or identification, and subsequent use thereof.

Parent signature_____ Date _____

YMCA Child Development Center

Medical Release Form

I _____the parent/guardian of (child name) _____born on _____, who attends at The Gateway Family YMCA Elizabeth branch Child Development Center at 16-20 Jefferson Avenue, Elizabeth NJ, hereby authorize Trinitas Hospital, 225 Williamson St. Elizabeth NJ provide emergency treatment to my child in case of injury, accident, and or illness during his/ her enrollment at the center.

Please check all that apply and list any heath information needed to care for your child.

Any known allergies/ sensitivities to:	no	yes	if yes, please list
Medications	☐	☐	_____
Foods	☐	☐	_____
Others	☐	☐	_____

Any chronic illnesses or medical conditions:

Asthma	☐	☐	_____
Heart problems	☐	☐	_____
Diabetes	☐	☐	_____
Seizures	☐	☐	_____

Other _____

Any disabilities:

Hearing impairment	☐	☐	_____
Visual impairment	☐	☐	_____
Developmental delays	☐	☐	_____
Physical impairment	☐	☐	_____
Emotional problems	☐	☐	_____

Other _____

Doctor's or Clinic's Name _____

Address_____

Street City State Zip code

Health Insurance Name _____ Policy# _____

_____ _____

Parent / Guardian Signature Date

Language spoken at home _____

Is child toilet trained? Yes No Needs Help

Words for urination _____ Words for bowel movement_____

Specific habits or problems that might affect child's activities in the center

_____

Specific fears

_____

Specific dislikes _____

Specific like's _____

Is your child a bed wetter? Yes No Sometimes

Does your child sleep throughout the night? Yes No

Does your child eat without help? Yes No

Does your child dress itself? Yes No Needs Help

Does your child have good coordination? Yes No

Is your child active? Very Average Passive

Is your child in foster care, for how long? _____

Was there a previous foster home? If so, for how long? _____

If parent are separated, who has legal custody? _____

_____ _____

Parent / guardian signature Date

PARENT
RECEIPT OF INFORMATION:

☒ Information to Parents Document

☒ Policy on the Release of Children

☒ Positive Guidance and Discipline Policy

☒ Policy on Methods of Parental Notification

☒ Policy on Communicable Disease Management

☒ Expulsion Policy

☒ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

_____ _____

Signature Date

Receipt of Parent Handbook

I have received The Gateway Family YMCA Parent Handbook and understand that it is my responsibility to follow these policies and to make sure my child understands the rules and regulations of the program.

Date: _____.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____