



We build strong kids, strong families, strong communities

Afterschool Site: \_\_\_\_\_ Hours in Care: \_\_\_\_\_ to \_\_\_\_\_ Start Date: \_\_\_\_\_
Days in Care: M T W TH F (please circle)

Teen's Information

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_
Child's Home Address: \_\_\_\_\_
Street City State Zip
Home Phone: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_
School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_
Teacher's Name: \_\_\_\_\_

Name of Parent or Legal Guardian

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_
TX DL #: \_\_\_\_\_ TX DL#: \_\_\_\_\_
D.O.B: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Authorized emergency contact, in case a parent can not be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_

I hereby authorize the YMCA to allow my child to leave the facility only with the legal guardian(s) listed above or the following persons:

- 1. Name: \_\_\_\_\_ DL#: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_
2. Name: \_\_\_\_\_ DL#: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work#: \_\_\_\_\_
3. Name: \_\_\_\_\_ DL#: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work#: \_\_\_\_\_

The following person(s) listed is/are UN-authorized to pick up my child from the facility:

Name: \_\_\_\_\_
(Please attach photo)

Notes for Staff about unauthorized person(s):

Mission Statement

To put Christian values into practice through programs that build healthy spirit, mind, and body for all.



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Please list any special considerations or restrictions relevant to your child such as: allergies, existing illness, previous serious illness or complications, hyperactivity, social behavior with peers, or any special needs:

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My child's immunization record is on file at the school and all immunizations and tuberculosis test are current.

**YES NO**

I agree to abide by all of the YMCA's Policies in my handbook. **YES NO**

The following registration information is correct to the best of my knowledge. By my signature and of my own free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

Parent's Signature: \_\_\_\_\_ Date\_\_\_\_\_

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*Please return completed and signed form to the YMCA branch located at 2200 W. Irving Blvd Irving, TX 75061  
Phone: (972) 986-8898/ Fax: (972) 790-5473 OR North Hills Preparatory School Front Office  
Contact Person: Tanisha Clark, Teen Director Irving Family YMCA*

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[www.irvingymca.org](http://www.irvingymca.org)