



PARENT/GUARDIAN INFORMATION 1:

FIRST NAME _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO CHILD: MOTHER FATHER STEP-PARENT GUARDIAN OTHER: _____

PARENT/GUARDIAN INFORMATION 2:

FIRST NAME _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO CHILD: MOTHER FATHER STEP-PARENT GUARDIAN OTHER: _____



EMERGENCY CONTACT INFORMATION: (Please fill out completely)

FULL NAME: _____ ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

RELATIONSHIP: RELATIVE FRIEND OTHER _____

EMERGENCY RELEASE CONTACT: (Please fill out completely)

FULL NAME: _____ ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

RELATIONSHIP: RELATIVE FRIEND OTHER _____



I UNDERSTAND THE HOURS OF OPERATION IS 7:00A.M. -6:00P.M. MONDAY-FRIDAY. I HAVE RECEIVED A PARENT HANDBOOK AND UNDERSTAND THE FINANCIAL AGREEMENT AND WILL ADHERE TO YLC POLICIES AND PROCEDURES.

PARENT SIGNATURE: _____ DATE: _____

MANAGEMENT SIGNATURE: _____ DATE: _____

(PRINT AND SIGN)



Date of Enrollment: _____

Assigned Class: _____

REGISTRATION FORM

CHILD INFORMATION

CHILD'S NAME: _____ Nick name: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: M F

ALLERGIES: YES NO SPEECH DIFFICULTY: YES NO ASTHMA: YES NO

SERIOUS INJURIES: YES NO (if yes please explain): _____

HEALTH ISSUES: YES NO (if yes please explain): _____

MEDICATIONS: YES NO (if yes please explain): _____

LIST ANY FOOD ALLERGIES: _____

LIST ANY FOOD PREFERENCES: _____



NAME OF CHILD'S PHYSICIAN: _____

PHYSICIAN'S PHONE: _____ ADDRESS: _____

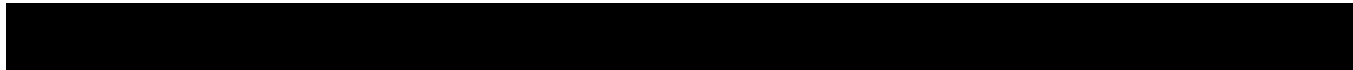


My Child's immunization record/vision and hearing screening is on file at

(Name of School)

(Phone Number)

(Address)



Permission to Photograph

I _____ give permission for my child to be photographed by YLC. I understand that my child's name will not be published. Photos will be used for bulletin boards, scrapbooks, some marketing and videos. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

I _____ understand YLC does not provide lunch and I will provide my child's meals and/or snacks from home, and I understands YLC is not responsible for its nutritional value or for meeting my child's daily food needs.