the YMCA
FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PORTAGE TOWNSHIP YMCA
CHILD CARE AND DEVELOPMENT CETNER
REGISTRATION / INTAKE FORM

APPLICATION DATE: _____ **ENROLLMENT DATE:** _____

CHILD INFORMATION

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

****WHOM AND WHAT NUMBER SHOULD WE CONTACT FIRST WHILE YOU CHILD IS IN OUR CARE?**

_____

CONTACT INFORMATION

PARENT #1/GUARDIAN NAME: _____

PHONES: (H) _____ (C) _____ (W) _____

EMAIL: _____

HOME ADDRESS (if different from child's): _____

WORK NAME/ADDRESS: _____

TYPICAL SCHEDULE WORKED (please list your shifts):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PARENT #2/GUARDIAN NAME: _____

PHONES: (H) _____ (C) _____ (W) _____

EMAIL: _____

HOME ADDRESS (if different from child's): _____

WORK NAME/ADDRESS: _____

TYPICAL SCHEDULE WORKED (please list your shifts):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

.

FAMILY STATUS

PLEASE SELECT FROM THE FOLLOWING: Other

IS EITHER PARENT DECEASED? No _____

IF DIVORCED OR SEPARATED, NAME OF LEGAL GUARDIAN: _____

***If separated or divorced, include a copy of all court approved custody documents.*

IF PARENTS LIVE IN TWO SEPARATE HOUSEHOLDS, WOULD YOU LIKE MAILINGS TO GO TO BOTH HOUSEHOLDS?

No

SIBILINGS? (Names and Ages) _____

_____

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CHILD MEDICAL INFORMATION

Does your child have any known allergies? _____ YES _____ NO

If you answered yes, please explain:

_____

_____

List any other conditions, disabilities, or medical information for emergency situations:

_____

_____

EMERGENCY CARE INFORMATION (Must be completed entirely)

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Subscriber's Name (as it appears on insurance card): _____

***If emergency medical care becomes necessary, I give permission for my child to receive treatment as the center deem necessary, and/or be taken to the Portage Community Hospital. As parent/guardian, I give consent to have my child receive first aid by facility staff, and if necessary, to be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give my consent for the emergency people listed below to pick up my child from the center and to act on my behalf until I am available. I agree to receive and update this information every three months and whenever a change occurs.*

DATE: _____ SIGNATURE: _____
(SIGNATURE OF PARENT OF GUARDIAN)

EMERGENCY CONTACTS (ER) & AUTHORIZED PICK-UP (AP)

Only the people selected as AP will be allowed to pick-up your child. In the event of an emergency, if neither parent/guardian can be reached, those selected as ER contacts below will be contacted:

☐ ER	☐ AP	NAME	PHONE NUMEBR	RELATIONSHIP TO CHILD
☐ ER	☐ AP	NAME	PHONE NUMEBR	RELATIONSHIP TO CHILD
☐ ER	☐ AP	NAME	PHONE NUMEBR	RELATIONSHIP TO CHILD
☐ ER	☐ AP	NAME	PHONE NUMEBR	RELATIONSHIP TO CHILD
☐ ER	☐ AP	NAME	PHONE NUMEBR	RELATIONSHIP TO CHILD
☐ ER	☐ AP	NAME	PHONE NUMEBR	RELATIONSHIP TO CHILD
☐ ER	☐ AP	NAME	PHONE NUMEBR	RELATIONSHIP TO CHILD

SPECIAL NEEDS

Our program is inclusive of children with special needs. If your child has any special needs, please list below the ways we can help to provide a safe environment and meet your child's needs.

_____
_____
_____
_____
_____
_____

CHILD'S DEVELOPMENT

IS YOUR CHILD TALKING YET? _____

WHAT LANGUAGE(S) DOES YOUR CHILD SPEAK? _____

WHAT LANGUAGE(S) ARE SPOKEN IN YOUR HOME? _____

HAS YOUR CHILD HAD ANY PREVIOUS SCHOOL, PLAY GROUP, CHILD CARE OR BABY SITTER EXPERIENCES?
PLEASE DESCRIBE: _____
_____
_____

HAVE THERE BEEN ANY MAJOR CHANGES IN YOUR FAMILY (moving, divorce, medical problems, job/routine changes), which may affect your child? _____
_____
_____

HOW DOES YOUR CHILD RELATE TO OTHER ADULTS? _____
_____

HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY AND TEMPERAMENT (easy going, happy, shy, quiet, active, etc.) _____
_____

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS, SUCH AS LOUD NOISES OR CERTAIN ANIMALS?
Please Describe: _____
_____

WHAT DO YOU DO TO COMFORT YOUR CHILD?
_____
_____

WHAT NEW SKILL(S)/ACCOMPLISHMENTS IS YOUR CHILD PRESENTLY MASTERING (catching a ball, drawing circles, forming friendships, etc.)? _____
_____

WHAT ARE SOME OF YOUR CHILD'S FAVORITE ACTIVITIES, INTERESTES, AND TOYS?

_____

_____

DOES YOUR CHILD HAVE A FAVORITE OBJECT (blanket, toy, stuffed animal, etc)?

_____

_____

HOW LONG AND AT WHAT TIMES DOES YOUR CHILD USUALLY NAP?

_____

_____

DO YOU HAVE ANY PARTICULAR CONCERNS ABOUT YOUR CHILD'S EATING HABITS?

_____

_____

WHAT ARE YOUR USUAL METHODS OF BEHAVIOR GUIDANCE?

_____

_____

WHAT SPECIAL DATES/EVENTS/HOLIDAYS OR TIMES OF THE YEAR, IF ANY, DO YOU **NOT** CELEBRATE WITH YOUR CHILD? PLEASE LIST THEM INDIVIDUALLY.

_____

_____

WHAT TALENTS OR HOBBIES WOULD YOU BE WILLING TO SHARE WITH YOUR CHILD'S CLASS?

_____

_____

POTTY TRAINING

IS YOUR CHILD POTTY TRAINED DURING THE DAY? _____ NAP? _____

HOW LONG HAS YOUR CHILD BEEN POTTY TRAINED? _____

ARE THEY ABLE TO DRESS/UNDRESS THEMSELVES? _____

WHAT TERMS DOES YOUR CHILD USE FOR TOILETING?

URINATION _____ DEFICATION _____

PLEASE USE THIS SPACE TO COMMUNICATE ANY ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT FOR YOUR CHILD'S TEACHERS TO KNOW REGARDING THEIR CARE:

_____

_____

_____

_____

_____

_____

_____

CCDC Enrollment Checklist

PLEASE READ the following directions carefully. Failure to follow the procedure may cause a delay in enrollment.

- ☐ Pick up an enrollment packet.
- ☐ Complete the following forms:
  - ☐ Registration / Intake Form
    - Be sure to fill this out in its entirety
  - ☐ Emergency Contact Card
    - Copies of this will be located in your child's classroom, the CCDC office, as well as the Welcome Center
  - ☐ Health Physical
    - Due within 30 days of start date
  - ☐ Current Immunization Record
    - Must be received no later than the start date. Your child may not attend without this being on file.
  - ☐ Birth Certificate
    - Must be received no later than the start date. Your child may not attend without this being on file.
  - ☐ Licensed Child Care Consent Form
    - This form must be completed for the State of Indiana
  - ☐ Permission Signature Page
    - Must be completed for your child to attend the Child Care Center
  - ☐ Handbook Acceptance Page
    - Signed and dated as verification of receiving our Parent Handbook.
  - ☐ Behavior Agreement
    - Signed and dated as verification that you have read and understand our behavior policy.
  - ☐ Parent Advisory Council Form
    - Please select enrollment option and return