Portage Township YMCA Childcare & Development Center

Child's Name: _____ **Password:** _____
Last, First

Street Address: _____

City: _____**State:** _____ **Zip:** _____

Child's Birthdate: ___/___/_____ **Allergies:** _____

Parent #1: _____ **Contact Phone:** _____

Parent #2: _____ **Contact Phone:** _____

Emergency Contact (ER) & Authorized Pick-Up (AP):

	NAME	PHONE	RELATIONSHIP TO CHILD
O ER O AP			
O ER O AP			
O ER O AP			
O ER O AP			
O ER O AP			
O ER O AP			
O ER O AP			

Child's Doctor: _____ **Doctor Phone:** _____

Portage Township YMCA Childcare & Development Center

Child's Name: _____ **Password:** _____
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City: _____**State:** _____ **Zip:** _____

Child's Birthdate: ___/___/_____ **Allergies:** _____

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