



Enrollment Form
YWCA of Alexandria-Pineville
5912 James Street
Alexandria, LA 71303
(318) 442-3397

Family Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Child(ren)	Social Security Number		Relationship to Child(ren)	Social Security Number	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Place of Employment			Place of Employment		
<input type="text"/>			<input type="text"/>		
Home Street Address			Home Street Address		
<input type="text"/>			<input type="text"/>		
City	State	ZIP Code	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Ext	Home Phone	Work Phone	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email Address		Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Child Information

Last Name	First Name	MI	Last Name	First Name	MI		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Sex	Date of Birth	Name of School		Sex	Date of Birth	Name of School	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact		Emergency Phone		Emergency Contact		Emergency Phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Emergency Contact		Emergency Phone		Emergency Contact		Emergency Phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Dentist		Dentist Phone		Dentist		Dentist Phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Doctor		Doctor Phone		Doctor		Doctor Phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Known Allergies				Known Allergies			
<input type="text"/>				<input type="text"/>			
Special Needs				Special Needs			
<input type="text"/>				<input type="text"/>			

My child(ren) has/have permission to be released to the following individuals in addition to emergency contacts listed above.

Name	Relationship
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Emergency Care Authorization

I authorize the facility to secure emergency medical treatment for my child(ren). I also allow the YWCA to release my child(ren) to any of the people listed above, unless otherwise specified.

Parent / Legal Guardian's Signature

Date

YWCA of Alexandria/Pineville

Authorization for the Application of Topical Products

Child's Name: _____

I give permission to the YWCA Staff to apply the following products to my child, if necessary:

- _____ Sunscreen
- _____ Insect Repellent
- _____ Other _____

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature: _____ Date: _____

Video Camera Surveillance

The YWCA has installed video surveillance cameras inside and outside of the building for your child's safety.

Your signature acknowledges that you have been informed about the cameras.

Parent's Signature: _____ Date: _____

Permission for Photographs

I give permission for my child's photograph to be used at the YWCA for scrapbooks, photo albums, advertisements, and promotions including the YWCA's website.

_____ Yes _____ No

Parent's Signature: _____ Date: _____

2017-2018 After School Care Program Guidelines

Child's Name: _____

I have read and understand all the guidelines set forth in the brochure/parent booklet. I fully understand my financial obligation to the YWCA for the After School Program.

Parent's Signature: _____ Date: _____

Late Pick Up

I understand the YWCA's policy regarding late pick up. I understand that if I pick my child up after 5:30 p.m., I will be charged \$10.00 for the first minute and \$1.00 per minute after the first minute – no exceptions. I also understand that if my child is picked up after 5:30 p.m. more than two times, I will have to pick my child up by 5:00 p.m. for the remainder of the school year.

Parent's Signature: _____ Date: _____