



YMCA

We build strong kids,
strong families, strong communities.

FAMILY ENROLLMENT FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP US GET TO KNOW AND SERVE
YOUR CHILD BETTER

Child's Name _____ Birth date _____

1. Has your child been in child care before now? If so what kind? Why are you choosing the YMCA?

2. What kind of experiences do you want your child to have at the YMCA? Please include favorite play and sport activities.

3. What are some of your child's favorite nursery rhymes, books, movies, and foods?

4. Does your child have any worries or fears? How do you respond?

5. Does your child have any allergies to medication (penicillin), insects (bee stings), food (peanut butter, dairy products), animals, or airborne allergens?

6. For safety and emergency reasons please list all medications. Does medication have to be dispensed during center hours? If yes, an Administration of Medication Form

should be obtained through your Child Care Director and must be completed prior to dispensation at the center.

Name of Medication	Dosage	Frequency	Reason for Medication	Will medication need to be dispensed during center hours?*	Medication is taken: <ul style="list-style-type: none"> • School year only • Summer only • Both 	Comments
<i>Example: Claritin</i>	<i>10mg</i>	<i>Once in the morning</i>	<i>Allergies</i>	<i>No</i>	<i>Summer</i>	<i>Allergic to grass</i>

7. How do you discipline your child? _____

8. How does your child respond to discipline? _____

9. Do you have any concerns about your child's development? If yes, please explain.

10. Does your child have an IEP (Individualized Education Plan), an IFSP (Individualized Family Service Plan), or a 504 Plan during the school year?

11. Please describe any religious or cultural practices you would like us to honor or respect including other languages spoken.

12. Is there anything else we should know about your child?

PLEASE REVIEW THE FOLLOWING AND CIRCLE THE NUMBER WHICH YOU
FEEL BEST DESCRIBES YOUR CHILD

1. NEVER 2. SOMETIMES 3. MOST OF THE TIME 4. ALL OF THE TIME

My Child:

Is comfortable without family close by	1	2	3	4
Enjoys being in groups	1	2	3	4
Enjoys new experiences	1	2	3	4
Follows adult directions	1	2	3	4
Communicates wants and needs	1	2	3	4
Plays well with other children	1	2	3	4
Is easily influenced by others	1	2	3	4
Helps others	1	2	3	4
Fights with others	1	2	3	4
Respects others	1	2	3	4
Cries easily	1	2	3	4
Expresses positive feelings and emotions	1	2	3	4
Is easily angered	1	2	3	4
Is easily distracted	1	2	3	4
Embarrasses easily	1	2	3	4
Is shy	1	2	3	4
Is stubborn	1	2	3	4
Is moody	1	2	3	4
Has tantrums	1	2	3	4
Keeps working when the task is difficult	1	2	3	4