



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# COVID-19 Essential Workers Care

## Harrison Family YMCA

### PROGRAM FOR SCHOOL AGED CHILDREN

2020 Enrollment Forms (Please Print)

Attach Child's Photo Here

#### A. Participant Information

Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade in Aug. 2020: \_\_\_\_\_

Gender:  Male  Female Child Lives With:  Mother  Father  Other

Employer: \_\_\_\_\_

#### Parent/Guardian #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

#### Parent/Guardian #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

#### B. Others Authorized to Pick Child Up or Be Notified as Needed

The YMCA can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y-Director to make changes to this information.

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

#2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### C. Rate Plan

Please check and select which rate plan you will be utilizing for you child.

DAILY RATE: \$35/day

WEEKLY RATE: \$135/week

Please circle which days your child will attend:

Monday

Thursday

Tuesday

Friday

Wednesday

