



# Youth Way-to-Go Youth Enrichment Program **Registration Form**

Registration can also be completed online at [ywcacm.org/youth-wtg](http://ywcacm.org/youth-wtg)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Start Date: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level (circle one): 1 2 3 4 5 6 7 8

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about Youth Way-to-Go? (check one)  School  Friend/Family  Facebook/Twitter  
 Other: \_\_\_\_\_

Are your child's immunizations up to date? (check one)  Yes  No

Allergies: \_\_\_\_\_

Does your child have any health problems? (check one)  Yes  No

If yes, please list: \_\_\_\_\_

Medications: \_\_\_\_\_

Note: YWCA staff are NOT able to hold, store, or administer medication. If your child needs medication during the program, please speak to the Lead Youth Development Instructor in advance to discuss arrangements.

Health Insurance: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Name

Address

Phone

Emergency Contacts (when parent/guardian cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL EMERGENCY TREATMENT CONSENT

I hereby give the YWCA permission to administer basic first aid and/or CPR to my child and/or take my child to the hospital for medical treatment when I cannot be reached or when my delay would be dangerous to my child's health:

(check one)  Yes  No

Your child must be picked up by 5:30 PM. If specified upon sign-in, YWCA staff will bring your child to a youth fitness class at 5:30 PM. A fee of \$1 per minute will be applied if your child is picked up after 5:30 PM and not attending a fitness class.

Parent/Guardian Signature

Date

# Youth Way-to-Go

## Optional Demographic Information

This form can also be completed online at [ywcacm.org/youth-wtg](http://ywcacm.org/youth-wtg)

Child's Gender: (check one)     Female     Male     Self Describe: \_\_\_\_\_

Child's Race/Ethnicity: (check all that apply)

- American Indian/Alaskan Native     Black/African American     Hawaiian Native/Pacific Islander  
 Hispanic/Latino     White/Caucasian     Multicultural     Other:

Number of people in your household (including adults): \_\_\_\_\_

Annual Household Income (Please combine income of ALL household occupants):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$0 - \$18,000      | <input type="checkbox"/> \$36,001 - \$38,000 | <input type="checkbox"/> \$56,001 - \$58,000 | <input type="checkbox"/> \$76,001 - \$78,000 |
| <input type="checkbox"/> \$18,001 - \$20,000 | <input type="checkbox"/> \$38,001 - \$40,000 | <input type="checkbox"/> \$58,001 - \$60,000 | <input type="checkbox"/> \$78,001 - \$80,000 |
| <input type="checkbox"/> \$20,001 - \$22,000 | <input type="checkbox"/> \$40,001 - \$42,000 | <input type="checkbox"/> \$60,001 - \$62,000 | <input type="checkbox"/> \$80,001 - \$82,000 |
| <input type="checkbox"/> \$22,001 - \$24,000 | <input type="checkbox"/> \$42,001 - \$44,000 | <input type="checkbox"/> \$62,001 - \$64,000 | <input type="checkbox"/> \$82,001 - \$84,000 |
| <input type="checkbox"/> \$24,001 - \$26,000 | <input type="checkbox"/> \$44,001 - \$46,000 | <input type="checkbox"/> \$64,001 - \$66,000 | <input type="checkbox"/> \$84,001 - \$86,000 |
| <input type="checkbox"/> \$26,001 - \$28,000 | <input type="checkbox"/> \$46,001 - \$48,000 | <input type="checkbox"/> \$66,001 - \$68,000 | <input type="checkbox"/> \$86,001 - \$88,000 |
| <input type="checkbox"/> \$28,001 - \$30,000 | <input type="checkbox"/> \$48,001 - \$50,000 | <input type="checkbox"/> \$68,001 - \$70,000 | <input type="checkbox"/> \$88,001 - UP       |
| <input type="checkbox"/> \$30,001 - \$32,000 | <input type="checkbox"/> \$50,001 - \$52,000 | <input type="checkbox"/> \$70,001 - \$72,000 |  |
| <input type="checkbox"/> \$32,001 - \$34,000 | <input type="checkbox"/> \$52,001 - \$54,000 | <input type="checkbox"/> \$72,001 - \$74,000 |  |
| <input type="checkbox"/> \$34,001 - \$36,000 | <input type="checkbox"/> \$54,001 - \$56,000 | <input type="checkbox"/> \$74,001 - \$76,000 |  |

Who are the adults that the participant lives with?

- Two parents  
 Mother only  
 Father only  
 Both parents separately  
 Guardian  
 Other family member (grandparents, aunt, uncle, etc.)  
 Foster family  
 Other: \_\_\_\_\_

Marital status of parents/guardians:

- Single  
 Married  
 Divorced  
 Separated  
 Unmarried, living together  
 Widowed