

School Age Child Care Enrollment Form

Program: _____ Roosevelt Afterschool 2:15-5:30 _____ Clark School Afterschool 2:15-5:30

Days (Please circle): _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

School Year: _____ Payment Type: _____

CHILD INFORMATION

Child's Name: _____ Date Of Birth: _____

Child's Home Address: _____

Home Phone: _____ Cell Phone: _____

Primary Language: _____ Secondary Language: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Height: _____ Weight: _____

Gender (circle one): Female Gender/Queer Intersex Male Transgender F-M Transgender M-F
Transgender (Unspecified) Other Unspecified Unknown/Undisclosed

Identifying Marks: _____

Parent/Guardian/Emergency Contact Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

ADDITIONAL INFORMATION

Child's Physician: _____

Address: _____ Phone: _____

Allergies/Special Diet (Please list): _____

Individual health plan for child with a chronic health condition (circle one)? Yes No (If yes, please attach)

Medical Conditions: *Please check all that apply*

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma | | |

Are there any custody agreements, court orders, or restraining orders pertaining to the child (circle one)? Yes No
(If yes, please attach)

Special limitations or concerns? _____

SCHOOL INFORMATION

School: _____

School Address: _____ Phone: _____

I certify that documentation of physical examination and immunizations in accordance with public school requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent / Guardians initials: _____

Parent/Guardian Signature _____ Date _____

DEMOGRAPHIC INFORMATION

COMPLETE ONE FORM PER CHILD

The YWCA receives funding for a portion of childcare activities. Please choose the appropriate selection for your child:

Household Income

- Under \$17,000 \$17,000 - \$49,999 \$50,000 - \$99,999 \$100,000 and above

Race

- American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander Hispanic/Latino/a/x Multi Racial
 White Other Race Unknown/Undisclosed

Ethnicity

- African American Albanian American American Indian/Alaskan Native Asian Indian Brazilian Cambodian
 Cape Verdean Caribbean Islander Chinese Colombian Cuban Dominican European Filipino Ghanaian
 Guatemalan Haitian Hispanic/Latino/a/x Honduran Japanese Kenyan Korean Laotian Liberian
 Mexican Mexican American Chicano Middle Eastern Portuguese Puerto Rican Russian Salvadoran
 Vietnamese Unknown/Undisclosed
 Other (Please Specify) _____

Primary Language

- English Spanish French Arabic Portuguese Haitian Creole Cape Verdean Creole
 Khmer Chinese (any dialect) Korean Vietnamese Russian Somali American Sign Language (ASL)
 Twi Other language not listed Unknown/Undisclosed

Disability:

- None Developmental/Intellectual/Acquired Brain Injury Other Cognitive Disability D/deaf or hard of Hearing
 Visual Mobility/Motor Mental Health/Psychiatric Substance Misuse Other Medical Other Disability
 Unknown/Undisclosed

Housing Status:

- Homeless Own Rent Shelter Other Unknown/Undisclosed

Total Number Living in Household:

- 1 2 3 4 5 6 7 8 or more Unknown/Undisclosed

Source of Income:

- Employment TAFDC SNAP EAEDC SSDI SSI/Pension/Other Retirement Partner/Spouse Support
 Child Support Alimony Unemployment Other None Unknown/Undisclosed

Education Status:

- Elementary Middle Some HS/No Diploma HS Diploma GED/HSE Trade/Technical/Vocational Training
 Some College/No Degree Associate Degree Bachelor's Degree Master's Degree Professional Degree
 Doctoral Degree Unknown/Undisclosed

Currently a Student: YES NO Unknown/Undisclosed

If a student, type of school:

- Worcester Public Schools Other Public School Private/Parochial School Homeschool
 HiSET/GED Vocational/Other Training College Other Unknown/Undisclosed