

Lincoln Area YMCA \* 604 Broadway St. Suite 1 \* Lincoln, IL 62656 \* 217-735-3915 or 800-282-3520  
Website: www.lincolnymca.org \* email: [lincolnymca@lincolnymca.org](mailto:lincolnymca@lincolnymca.org)



Date Begins \_\_\_\_\_  
Date Dropped \_\_\_\_\_

Attending: please circle  
M T W Th or ALL

## 2008-2009 Preschool Play Center Registration Form

**Preschool Play Days**     **Friends & Fun**     **Toddler & Me**  
(4-5 Year Olds)                      (3 Years Old)                      (2 years & Parent)

(The Lincoln Area YMCA requires that each line be completed with information or the word "none" inserted)

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_      Age \_\_\_\_\_      Male/Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Address (if different than above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email (For monthly, Y newsletter only): \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Address (if different than above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

### LOCAL CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT) \*\*\*MUST BE FILLED OUT!!

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

List below any information regarding allergies, medications, special needs, and handicap situations, etc.  
that will help us care for your child:

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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

**The Lincoln Area YMCA requires that each line be completed with the information or the word "None" inserted. This portion must be completed to assist medical professionals.**

Preferred Hospital/Physician \_\_\_\_\_

Physician Address/Phone# \_\_\_\_\_

Insurance Company/Group/Expiration Date \_\_\_\_\_

If my child, \_\_\_\_\_, should become ill or injured at,  
(Child's full name)

Lincoln Area YMCA Preschool Play Center Days Programs, I understand that the facility will: (1) Contact me immediately or (2) contact the person(s) I have designated if I can not be reached.

Should the facility be unable to reach me or / person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

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Signature	Relationship	Date
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## RELEASE OF LIABILITY

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or I may sustain during any of the Lincoln Area YMCA programs and/or activities.

\_\_\_\_\_  
Parent/participant Signature

\_\_\_\_\_  
Date

### Office use only:

Check/Money Order # \_\_\_\_\_ Total amount Paid \$ \_\_\_\_\_ Amount of Scholarship \_\_\_\_\_

Tuition Paid \$ \_\_\_\_\_ Registration Paid \$ \_\_\_\_\_ Membership Paid \$ \_\_\_\_\_

Names of additional children with the registration payment \_\_\_\_\_

## STATEMENT OF AGREEMENT

1. I, \_\_\_\_\_ parent/guardian of, \_\_\_\_\_,  
(Print parent/guardian name) (Print participants name)

Hereby sign that I agree to read the attached parent's Handbook and that I understand and agree to abide by the policies and procedures of the Lincoln Area YMCA Preschool Play Center Programs.

2. I grant full permission to the Lincoln Area YMCA to use photographs and/or videotape of my child for use in YMCA publicity publications. Failure to circle below will automatically provide for the authorization of photos/videotapes to be taken and used for publication purposes.

**YES / NO (Please circle one)**

3. I have received in writing the tuition payment policy and understand and agree to abide by such policy and procedures of the Lincoln Area YMCA.
4. I have received in writing the absence, and illness policies and agree to abide by such policies and procedures of the Lincoln Area YMCA.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## FIELDTRIP/TRANSPORTATION PERMISSION SLIP

I give permission for the above listed child(ren), a participant(s) in the Lincoln Area YMCA Play Center programs, to participate in any fieldtrips and to be transported from the YMCA Activity Center to the designated area, and back, either by the YMCA Van and/or by other vehicles owned and driven by parents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please tell us how you heard about this program.**

- Friend       Brochure       Website       Newspaper
- Other \_\_\_\_\_

**Would you be interested in volunteering at the YMCA?**

\_\_\_\_ Yes

\_\_\_\_ No