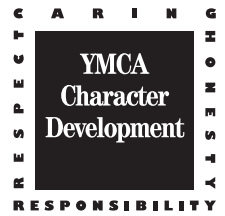




# Ottawa YMCA Discovery Preschool Confidential Information Sheet



## PERSONAL INFORMATION

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

Name Child Goes By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Sex: Male Female

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_, IL Zip: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_

Father's Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Occupation and Place Of Employment: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Occupation and Place Of Employment: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PERSON RESPONSIBLE FOR ACCOUNT

Signature(Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Address If Different: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature(Secondary): \_\_\_\_\_ Date: \_\_\_\_\_

Address If Different: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**(OVER)**

## FAMILY PHYSICIAN

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

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

## FAMILY INFORMATION

Names Of Siblings and Ages: \_\_\_\_\_

## PERSONAL HISTORY

Is Child Right of Left Handed?: \_\_\_\_\_

Has Child Had A Previous Group or Preschool Experience?:      YES              NO  
If So, Where? \_\_\_\_\_

Does Your Child Have Any Allergies or Asthma?: \_\_\_\_\_

Does Your Child Take Any Medication(s) On A Regular Basis?:      YES              NO  
If So, Explain: \_\_\_\_\_

## PERMISSION TO RELEASE FORM

The Ottawa YMCA **MUST HAVE WRITTEN PERMISSION** to release a child to someone other than the parent(s). We will **NOT** release a child without permission.

Other than the parent(s), to whom can your child be released?

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

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

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

Relationship: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

\*PERSONS WHO MAY NOT PICK UP CHILD: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ottawa YMCA has my permission to provide emergency medical treatment to the named child in case of need. Ottawa YMCA has my permission to take photographs of the named child and to use them for publicity purposes. Ottawa YMCA has my permission to maintain any records deemed necessary of the named child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that all children will be treated as individuals with the respect shown for normal differences in tastes, preferences, abilities, and range of behavior patterns. The Ottawa YMCA reserves the right to dismiss a child from Discovery Preschool whose special needs we are not able to meet or whose conduct is not in the best interests of the total Preschool.