

Titusville YMCA Round Two *Plus* Enrollment Application – June 8, 2009 – August 28, 2009 Monday through Friday from 8:00 AM until 5:00 PM Call us at 814-827-3931 with any questions regarding this application. *Complete program information can be found on our website at: titusvilleymca.org* 

Child's Last Name:		First Name:	
Birthdate:	_ Age: Gender: School	l Attending in September:	Grade:
Health Care and Needs			
Any Special Needs or A	llergies That Child Has:		
Medications Child Is C	urrently Taking:		
		Telephone:	
Medical Insurance Cor			
(required): A Health Assessment For	rm is Attached - This is REQUIRE	<b>D</b> for children in grades $1 - 5$ with	hin 30 days of enrollment
	dians: (BOTH custodial parents		
-	alans (DOTH Custoalat parents		
			<u> </u>
Home Telenhone	Work Telephone:	· Cell Phor	 
Home Telephone:	Work Telephone:	Cell Phone	
for financial assistance documentation. ALL I Your child(ren) <u>MUST</u>	nily. There are a limited number , you must fill out the attached fil FEES <u>MUST</u> BE PAID EACH W , wear or bring tennis shoes/sneal , each child <u>MUST</u> bring a swime	nancial assistance form and inc EEK <u>BEFORE</u> EACH WEEK' kers <mark>EVERYDAY</mark> because of th	lude ALL required S SESSION. he nature of daily
case of an emergency. I <u>NOT</u> be released to any <i>individuals who you ha</i> y		he parents/guardians listed abo e make sure that you have receive	we, that my child will ed permission from those
Person #1:	Relationshi Relationshi	p:Phone Number	rs:
PARENTS ARE RESPO <i>PLUS</i> SUMMER 2009 F ARE MADE. LATE PI	Relationshi DNSIBLE FOR BRINGING THEI PROGRAM. PICK-UP TIME IS 5: CK-UP BY PARENTS WILL RES HE CHILD IS NOT PICKED UP	IR CHILD(REN) TO AND FROM :00 pm SHARP, UNLESS OTHE SULT IN A FEE OF \$5.00 FOR I	M THE ROUND TWO CR ARRANGEMENTS
<u>I give my authorizatio</u>	<u>n for the following. – Please in</u>	<u>itial each item that you give y</u>	<u>our permission for</u> .
Emergency Medical Ca	re: First Aid/CPR:	Swimming: Food	program:
Pictures/video of my ch	ild: Name of my child	d in press releases:W	/alks:
Any distant field trips t	that will occur will have a separa	te permission form sent to you	prior to the event.
	ning this application, I agree to h be accepted into the Titusville YM		
<u> Parent/Guardian 1 Sign</u>	ature:		Date:
<u> Parent/Guardian_2 Sig</u>	nature:		Date:
BEHAVIOR POLICY FO HEALTH ASSESSMENT WITHIN 30 DAYS OF P	L SECTIONS OF <u>ALL FORMS</u> . AT DRM, FINANCIAL ASSISTANCE I FORM (HEALTH ASSESSMENT ROGRAM ENROLLMENT). FAIL ROCESSING OF YOUR APPLICA	FORM (IF APPLICABLE TO YC FORM APPLICABLE FOR CHI JURE TO FILL OUT A REQUIRE	DU), AND CHILD ILDREN IN GRADES 1-5 ID FORM WILL RESULT

<u>APPLICATION HAS BEEN PROCESSED</u>, ENROLLMENT IS LIMITED. IF YOU HAVE ANY QUESTIONS ABOUT THE ROUND TWO *PLUS* PROGRAM, CALL THE TITUSVILLE YMCA AT 827-3931.