



(Please Print Clearly and Press Firmly with a pen)

Child's Full Legal Name: _____ Date of Birth: ___/___/___ Age ___ Grade: ___

Child's Preferred Name: _____ Gender: Male _____ Female _____

Home Address: _____ City: _____ State: ___ Zip: _____

Household Email: _____ Household Phone: _____

We will not disclose your email information for any non-related YMCA/4-H Club use.

Ethnicity: African American Asian/Pacific Islander Spanish//Chicano/Latino
 Hispanic Yes No Caucasian/White Native American Bi/Multi-racial Other

Household Income: Under \$19,999 \$20,000-\$29,999 \$30,000-\$49,999 \$50,000-\$75,000 Over \$75,000

Does your child/you receive or qualify for any of the following program subsidies?

Does your child currently qualify for the free/reduced lunch program? Yes (Free Reduced) No
 Does your family have a facility membership to the YMCA? Yes No
 Is your child currently enrolled in School Age Programs? Yes No AM/PM or BOTH
 Are you or your spouse employed by the Pinellas County? School District? Yes No
 Military family – A member of my immediate family is in the Military/Reserves Yes No
 Does your child require an accommodation for a disability to participate Yes No Specify _____

Mother's/Guardian Name: _____ Date of Birth: ___/___/___

Legal Custody?

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Hispanic Yes No Caucasian/White Native American Bi/Multi-racial Other

Address: _____ City: _____ State: ___ Zip: _____ Hm Phone: _____

Cell Phone: _____ Place of Employment: _____ Wk Phone: _____

Father's/Guardian Name: _____ Date of Birth: ___/___/___

Legal Custody?

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Hispanic Yes No Caucasian/White Native American Bi/Multi-racial Other

Address: _____ City: _____ State: ___ Zip: _____ Hm Phone: _____

Cell Phone: _____ Place of Employment: _____ Wk Phone: _____

YKids Clubs (list club by name) Fee

Registration Date: _____

Start Date: _____

Amount Paid Today: _____

Payment type:

Cash Check (Number _____)

Credit Card

(initial enrollment cannot be paid by credit card) Credit card payments must be made via mail

*Use additional form for documenting credit card information and mail in enclosed envelope.

Persons to be **notified and permitted to remove child** from the program in case of illness or emergency when parent/guardian cannot be reached. **Two emergency phone numbers are required! At least one contact MUST live outside of the household.**

(1) Name: _____ Relationship to Child: _____

Address: _____ Hm Phone: _____

Cell Phone: _____ Work Phone: _____

(2) Name: _____ Relationship to Child: _____

Address: _____ Hm Phone: _____

Cell Phone: _____ Work Phone: _____

This section for Staff Use Only...Must be filled out completely and signed

Funding Code: Full Fee YMCA Member School Board Open Doors

PT YMCA Employee FT YMCA Employee Free lunch

Program Fee: _____ Subsidy Amt: _____ \$ _____ % Reduced lunch

Staff Full Name: (print clearly) _____ Date: _____