Office Use Only:
Attending Class Days:
Class Time:

YMCA PRESCHOOL Health and Information Form

2024 – 2025 School Year

Parents: Please fill out each section completely. This information is confidential for use by YMCA Staff.

CHILD'S FULL NAME

First ____________________ Middle ________________Last _________________________

Male _____ Female _____ Birthdate _____________________

Address ___________________________ City _________________ Zip _________________

How do you want your child's name to appear in the classroom? _________________________

MOTHER'S NAME ___________________________

Address ______________________________ City _________________ Zip ______________

Home/Cell Phone(s) ____

Place of Work _____________________________ Work Phone ______________________

How can Mother be reached during Preschool hours: ___________________________________

FATHER'S NAME ___________________________

Address ______________________________ City _________________ Zip ______________

Home/Cell Phone(s) ____

Place of Work _____________________________ Work Phone ______________________

How can Father be reached during Preschool hours: ___________________________________

Family E-mail Address ____

Siblings Names and Ages __________________________________
____
____

PICK-UP:

Are both parents listed above authorized to pick up child after preschool ____Yes ____No

If no, please explain:

Please list names and phone numbers of anyone else authorized to pick up your child from Preschool:

Name	Phone
________________________________	____________________
________________________________	____________________
________________________________	____________________
________________________________	____________________

OVER →

HEALTH INFORMATION

Please list any needs or concerns staff need to be aware of with your child:

- special dietary needs or food allergies ____
- insect bites or other health allergies ____
- special medical needs ____
- vision, speech or hearing concerns ____
- physical limitations ____
- emotional concerns ____

Any other individual needs your child will have while they are in preschool?

____

EMERGENCY CONTACTS AND INFORMATION

List **two** individuals to be contacted if parent cannot be reached in event of an emergency, if an injury requires medical attention, and who may pick your child up from Preschool. **Include address and phone**.

Name	Address	Phone
1. ____________________	____________________	____________________
2. ____________________	____________________	____________________

PHYSICIAN OR CLINIC ______________________________ Phone ____________________

Address ______________________________ City ____________________

Is this the physician or clinic we reach in an emergency situation? ____ Yes ____ No

If no, please give name, address, and phone of emergency physician or clinic

DENTIST OR CLINIC ______________________________ Phone ____________________

Address ______________________________ City ____________________

Is this the dentist or clinic we reach in an emergency situation? ____ Yes ____ No

If no, please give name, address, and phone of emergency dentist or clinic

If your child does not yet see a dentist regularly, please list a dentist you would want us to contact in case of a dental emergency.

Please make sure all information is complete and nothing is left blank. This is information that we are required to have on file by the State of Minnesota before your child may attend the YMCA Preschool.