



MOTIVATING YOUTH FOUNDATION, INC.
REGISTRATION FORM 2013 - 2014

Type of Membership

New Student Returning Student Summer Only After School Only
 Both

Entrance Date _____ **Withdrawal Date** _____

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Current School _____ Current Grade _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) _____

Mother's Place of Employment _____ Work Phone _____

Employer's Address _____ City _____ State _____ Zip _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) _____

Father's Place of Employment _____ Work Phone _____

Employer's Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () other

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following specials needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____ suffer an injury or illness while in the care of (Facility name) _____ and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature: _____

Date: _____

Facility Administrator/Person-In-Charge _____

Date: _____

Parental Agreements with Child Care Facility

The _____ agrees to provide child care for _____
(Name of Facility) (Name of Child)

on _____ a.m. to _____ p.m. from _____
(Days of Week)

_____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.

The _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize Motivating Youth Foundation, Inc. to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures from **Motivating Youth Foundation, Inc.**

I understand the Motivating Youth Foundation, Inc. will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities. I will not hold Motivating Youth Foundation, Inc., Macon Housing Authority or The Family Investment Center responsible for any accidents that may occur while my child is on these trips. I give Motivating Youth Foundation, Inc., Macon Housing Authority or Family Investment Center consent to take my child(ren) to a medical facility to be treated if needed.

Signed Parent/Guardian: _____ Date: _____

Signed: _____ Date: _____

(Facility Administrator/Person-In-Charge)

The child maybe released to the person(s) signing this agreement or to the following:

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Name _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

ONLY THE PEOPLE LISTED ABOVE WILL BE ALLOWED TO SIGN YOUR CHILD IN OR OUT!