

Summer Food Program Registration 2019

Name of child

Name of Child _____ Date of Birth _____ Age _____ M/F _____

Address _____ City _____ County _____

Parent/Guardian Name _____ Daytime Phone _____ Phone #2 _____

Parent/Guardian Name _____ Daytime Phone _____ Phone #2 _____

Emergency Contact _____ Daytime Phone _____ Phone #2 _____

(person we can contact in an emergency if parent/guardian can NOT be reached)

Emergency Contact _____ Daytime Phone _____ Phone #2 _____

(person we can contact in an emergency if parent/guardian can NOT be reached)

Additional Individuals Authorized to Pick Up Child _____

(not already listed above)

Anyone who is **NOT** to have contact with child because of custody dispute or court order _____

(a copy of official paperwork must be on file with this registration form)

Allergies _____

Dietary Restrictions _____

Medical Conditions _____

Medications _____

Child's family level of income, annually—please check one: *(Information is required for grant/funding purposes only. No child will be denied participation in the Summer Food Program based on level of income.)*

Less than \$20,000: _____ \$20,000 - \$29,999: _____ \$30,000 - \$39,999: _____ \$40,000 or more: _____

Child qualifies for a free or reduced lunch at school - please check one: Yes _____ No _____

____ I give my child permission to participate in any field trip this program offers. I understand that my child may need to be driven to the field trip locations.

____ I do **NOT** give my child permission to participate in any field trip that is not in walking distance with the understanding that I will be properly notified and my child will remain at the YWCA on scheduled field trip days.

____ I give permission to the YWCA of Van Wert County to submit pictures of my child to any publication agency when press releases are completed for this program.

____ I do **NOT** give permission to the YWCA of Van Wert County to submit pictures of my child to any publication agency when press releases are completed for this program.

Parent/Guardian Signature _____ Date _____

NOTE: ALL PARTICIPANTS MUST WEAR TENNIS SHOES.

For the Safety of your child:
FLIP-FLOPS ARE NOT PERMITTED.