



YMCA Early Learning Center

Child's Name _____

Address _____

City _____ Zip _____ Sex _____ Birthdate ____/____/____

Family Doctor _____ Family Dentist _____

Primary Email Address _____ Secondary Email Address _____

Grade _____ School Child Attends _____

Ethnicity _____ C – Caucasian B-Black H-Hispanic N-Native American I – Indian M- Middle Eastern

O -Other

YMCA Member ___ Yes ___ No

Household Information

Child lives with: Both Parents ___ 1 Parent ___ Other ___

In order for registration process to be complete, the Newton YMCA must receive the following:

- Completed Registration Packet
- Emergency Card
- Physical for Infant through Pre-K
- Completed Immunization Form (signed by physician)
- Parent Handbook
- Auto Pay Form