



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### 2013-2014 Student Information Card

**Child's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Primary Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Emergency contact if mother or father is unavailable:**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Allergies & Medications for Child**

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Over



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### 2013 -2014 Student Information Card

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Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Primary Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Emergency contact if mother or father is unavailable:**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Allergies & Medications for Child**

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Over

**Additional Authorized Persons for Pick Up**

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

I grant the YMCA permission to use photographs of my child in promotional materials such as brochures, ads, website or newspaper releases. I will not be informed or reimbursed for such photographs.

Parent/Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_

**Additional Authorized Persons for Pick Up**

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

I grant the YMCA permission to use photographs of my child in promotional materials such as brochures, ads, website or newspaper releases. I will not be informed or reimbursed for such photographs.

Parent/Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_