



**YMCA of Columbia-Willamette  
CHILD DEVELOPMENT CENTER  
PARENT CONFIRMATION AND AGREEMENT**

**Complete the information below. Refer to the program rate sheet for package description and hours of operation. Please return this form to the Program Office.**

**PARTICIPANT INFORMATION**

**YMCA PROGRAM SITE** \_\_\_\_\_ **START DATE** \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Age of Child \_\_\_\_\_  
 Second Child's Name \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Age of Child \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 First Parent's/Guardian's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_  
 Address (if different from child's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Second Parent's/Guardian's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_  
 Address (if different from child's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT(S) OTHER THAN PARENT(S) AUTHORIZED TO PICK UP CHILD(REN)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please indicate the site your child(ren) will be attending:** \_\_\_\_\_

**Choose the number of days your child(ren) will be attending:** \_\_\_ 2 days \_\_\_ 3 days \_\_\_ 4 days \_\_\_ 5 days

**Select the program according to your child(ren)'s age:** \_\_\_ infant \_\_\_ wobbler \_\_\_ toddler \_\_\_ transitional preschool  
 \_\_\_ preschool \_\_\_ kindergarten \_\_\_ school age

**CCC ONLY:** \_\_\_ infant \_\_\_ mobiles \_\_\_ toddler \_\_\_ preschool 1 \_\_\_ preschool 2 \_\_\_ preschool 3

**Please check the days and indicate times your child(ren) will be attending:**

___ Monday	___ Tuesday	___ Wednesday	___ Thursday	___ Friday
_____ AM	_____ AM	_____ AM	_____ AM	_____ AM
_____ PM	_____ PM	_____ PM	_____ PM	_____ PM