



YMCA OF LONG ISLAND PARENTS DAY OUT PROGRAM

REGISTRATION FORM 2025-2026

Name: _____ DOB: _____ Age: _____ Sex: _____	
Address: _____ City: _____ Zip: _____	
School: _____ Grade: _____	
Parent/Guardian 1 Name: _____ Cell #: _____ Home/Work #: _____ Email: _____	Parent/Guardian 2 Name: _____ Cell #: _____ Home/Work #: _____ Email: _____
List all allergies/medications/medical conditions:	
Authorized Pick Ups: Name: _____ Name: _____ Name: _____ Name: _____	Emergency Contacts (other than Parent/Guardians) Name: _____ Phone#: _____ Name: _____ Phone#: _____
Parent/Guardian Agreement: 1. I hereby certify that _____ is in K through 3 rd grade, is in good health and capable of participating safely in the Parents Night Day Out. 2. I hereby authorize the YMCA Directors to act on my behalf in the case of an emergency. 3. I give my child permission to participate in all activities of the YMCA Program. 4. I will drop-off my child no more than 15 minutes after the start of the program. After that time, my child will not be allowed to participate that night. I am responsible to arrange for my child to be picked when the program ends. Failure to pick up my child within the designated time may result in my child's suspension from the program. No child will be released without an approved Parent/Guardian. Parent/Guardians must be over 18 and must come into the facility to pick up their child from their assigned room. Signature of Parent/Guardian: _____ Date: _____	

FOR OFFICE USE: Registration Date: _____ Staff Sign-Off: _____
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