



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office Use Only

Date Received: _____ By Staff: _____

Interest List Admission Form

All YMCA of Greater Providence child care programs are licensed by either the Rhode Island Department of Human Services or the Massachusetts Office for Children. Our enrollment forms incorporate the highest standards from each state's licensing requirements.

*DESIRED START DATE: _____

Child's First Name _____ Middle _____ Last _____

Child's Nickname _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Racial/Ethnic Identity: *(This information is confidential and is used for grant proposals)*

Please Circle your response: White Black or African American Asian Native American
Hispanic or Latino Multiracial/Other Cape Verdean

Child's Identifying Information: *(optional information for emergency use only)*

Sex _____ Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Identifying Marks _____

Parent/Guardian's Personal Information

Parent's/Guardian's Name _____ **Date of Birth** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

E-mail address: _____

Parent's/Guardian's Place of Employment _____

Occupation _____ Days/Hours of Work _____

Parent's/Guardian's Name _____ **Date of Birth** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

E-mail address: _____

Parent's/Guardian's Place of Employment _____

Occupation _____ Days/Hours of Work _____

Parents' Marital Status: Married Divorced Separated Widow Single

Guardianship Status: Guardian Foster Parent

Are there any Court Orders, Decrees or Agreements in regard's to the child's custody or physical possession?

-If yes you will be asked to provide additional information.

Please circle: YES NO

Parent/Guardian Signature