



Owensboro Family YMCA Wee Care Registration Form

Child's Name _____ Date of Birth _____

Address _____

Home Phone Number _____

(1) Parent/Guardian Name _____

Cell Number _____ Alternate Number _____

(2) Parent/Guardian Name _____

Cell Number _____ Alternate Number _____

Emergency Contacts:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Please include any information that might enable us to better care for your child:

My signature below indicates I have read and understand the Parent/Guardian Guidelines:

Signature _____ Date _____