



2012 Infant/Toddler Program Enrollment Form

Please use a separate form for each child, complete all information, and print clearly. A non-refundable registration fee of \$150 is due upon submission of this form. **No application will be accepted without it.** Please make checks payable to: **Westport Weston Family Y.**

Child Information:

Date of application: ____/____/____

Child First: _____ Child Last: _____

Gender: M F Date of Birth: ____/____/____ Age: _____

Parent/ Legal Guardian Information:

Parent/Guardian A – **Child’s Residence**

Parent/ Legal Guardian B:

First Name: _____ First Name: _____

Last Name: _____ Last Name: _____

Street: _____ Street: _____

Town: _____ Town: _____

State: _____ Zip: _____ State: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Street: _____ Street: _____

Town: _____ Town: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Emergency Information:

Child’s Physician: _____ Phone: _____

Child’s Dentist: _____ Phone: _____

Please list one responsible person, other than parents, who can remove the child from the program in an emergency.

First Name: _____ Last Name: _____

Street: _____ Town: _____

Home Phone: _____ Work Phone: _____

Pick-Up Authorization: The following people, in addition to the above, are authorized to pick up my child.

First Name: _____ Last Name: _____

Street: _____ Town: _____

Home Phone: _____ Work Phone: _____

First Name: _____ Last Name: _____

Street: _____ Town: _____

Home Phone: _____ Work Phone: _____

