



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**