SHOREFRONT
YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

Shorefront Y Early Childhood Programs **WAITING LIST** application

Program you would like to register for_____DATE TO START_____

Child's Name_____**Date of Birth**_____ **Sex: M F**

Home Address_____ _____ _____ _____Apt# _____**Zip Code**

Home Phone # _____E-Mail address _____

Mother /Guardian_____ Date Of Birth _____ _____

Business Phone # _____Cell Phone #_____

Occupation _____Place of Work_____

Father/Guardian _____Date Of Birth_____

Business Phone #_____ Cell Phone #_____

Occupation _____ Place of #Work_____

Other Children in the Family:

Name	Date of Birth	School and Grade

Health Information:

Does your child have health Insurance? ___Yes____ No Please indicate which health Insurance_____ ____

Family doctor _____ Is your child fully toilet trained: ____ Yes ____No

Allergies:___ Yes ____ No, If yes, please describe_____

Does your child have a past or present medical history of serious illness or accidents : _____ Yes _____ No

If yes, please describe_____

Does your child have any conditions that require special help or attention in classroom program ___Yes___ _No

If yes, please describe_____

Early intervention services? _____Yes_____No , If yes, please describe _____

The reason (s) to choose our Early Childhood Center:_____

_____

_____

How did you find out about us:_____

Parent Signature _____