YMCA of DeKalb County, Inc.

YCHILD CARE™

We build strong kids, strong families, strong communities.

Supplemental Insurance Form

(Covered in annual registration fee and required for participation in program)

Parent / Guardian Name:_____

Home Address:_____

_____

Home Phone Number:_____ Cell Number: _____

Place of Employment:_____ Work Phone Number:_____

Parent / Guardian Name:_____

Home Address:_____

_____

Home Phone Number:_____ Cell Number: _____

Place of Employment:_____ Work Phone Number:_____

Children Enrolled:

Child's First Name	Child's Last Name	Birthday