



YMCA OF WAYNE COUNTY
Child Watch Info Sheets

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child(s) Information:

Name	Date of Birth	Gender	Allergies	Medications

Parent/Guardian Information:

- Parent/Guardian Name(s): _____
- Address: _____
- Phone Number (Primary): _____ (Secondary): _____
- Email: _____

Emergency Contact (Other than Parent/Guardian):

- Name: _____
- Relationship to Child: _____
- Phone Number: _____

Authorized Pick-Up List: *(Only individuals listed below will be allowed to pick up your child. Photo ID required.)*

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

Additional Information:

- Does your child(ren) have any behavioral concerns or accommodations we should be aware of?

- Any specific instructions or other important notes?

Acknowledgment & Consent: I, the undersigned parent/guardian, certify that the above information is accurate and complete. I understand that the YMCA of Wayne County Child Watch staff will do their best to ensure my child's safety and well-being. I acknowledge that I am responsible for updating this form if any information changes.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___