



Butler YMCA 339 N Washington St. Butler, PA 16001
 P 724 287 4733 F 724 287 1007 www.bcfymca.org

The YMCA is committed to serving people of all ages, races, and economic levels. By answering all questions, you will help us meet this goal. The information is confidential and will not be used for any other purposes. **PLEASE PRINT LEGIBLY.**

CHILD CARE DAXKO REGISTRATION

PRIMARY MEMBER'S INFORMATION (Complete for all membership types, including Youth)

First Name:		MI:	Last Name:		
Date of Birth:	/ /	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
Mailing Address:					
City:		State:		Zip:	
Home Phone: () -		E-Mail:			
Cell Phone: () -		I wish to be notified through email about events and news at my YMCA: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Work Phone: () -		Employer:			
Emergency Contact Information:					
First Name:		Relationship:		Phone number: () -	

ADDITIONAL MEMBER INFORMATION

First Name:		MI:	Last Name:		
Date of Birth:	/ /	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
Home Phone: () -		E-Mail:			
Cell Phone: () -		I wish to be notified through email about events and news at my YMCA: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Work Phone: () -		Employer:			
Emergency Contact Information:					
First Name:		Relationship:		Phone number: () -	

ADDITIONAL INFORMATION FOR CHILDREN

First Name:	MI:	Last Name:	Birth Date:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
First Name:	MI:	Last Name:	Birth Date:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
First Name:	MI:	Last Name:	Birth Date:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
First Name:	MI:	Last Name:	Birth Date:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
First Name:	MI:	Last Name:	Birth Date:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
First Name:	MI:	Last Name:	Birth Date:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F

TYPE:	UNIT NUMBER:	FIRST NAME:	LAST NAME:
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