



Children's Waiting Room (ASYMCA)

Registration Form

Sponsor's name: _____ Rank: _____ Spouse's name: _____
Last Four SSN: _____ ETS/PCS Date: _____ Circle: Active Duty or Retired
Address: _____ City: _____ Zip Code: _____
Sponsor's Phone Number: _____ Spouse's Phone Number: _____
Emergency Contact Name: _____ Phone Number: _____
Emergency Contact Name: _____ Phone Number: _____

Childs Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special comments: _____

GUIDELINES

- Minimum age of 6 months
- No medications will be given
- No Food
- Maximum drop-off time is limited to the appointment time

*** Please have children use the restroom and make sure their diaper is clean ***

Children's waiting room and ASYMCA staff have the right to refuse admittance of any child who:

- Has a temperature of 100 degrees or higher
- Shows any signs of illness
- Does not have a current shot record

*** Personal belongings must be labeled. The ASYMCA CWR is not responsible for lost or stolen items.

Parent signature / Date

Child watch provider signature / Date