



Youth and Family Center of the Mohawk Valley
(YMCA)
83 East Main St. Mohawk, N.Y. 13407
(315) 866-6570

2's and 3's Registration Information

Child's Name: _____

Date of Birth: _____ Age: _____

Gender: Male Female

Does your child have any allergies or require special attention? Y / N

Allergies: _____

Mother Name: _____ Father Name: _____

Contact #: _____ Contact #: _____

Address: _____ Address: _____

Individual accompanying child to class(if different than parent)/relationship to child:

Name: _____ / _____

Contact #: _____

___ I give permission for my child listed above to be photographed for social and / or promotional purposes while he/she is attending 2/s and 3/s programming.

Parent signature: _____ Date: _____