

YAN Summer Rec 2026 - Blue Card Form

Child's Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip Code: _____

Mother or Guardian:

Name: _____

Address: _____ Phone: _____

Work Address: _____ Phone: _____

Signature: _____

Father or Guardian:

Name: _____

Address: _____ Phone: _____

Work Address: _____ Phone: _____

Signature: _____

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Parent Signature: _____

The following persons **MAY NOT** remove my child from the center:

Name: _____

Name: _____

Medical Information

Is child allergic to food, medication, or other substances? Yes No

If yes please list: _____

Is child susceptible to infections? Yes No

If yes please describe: _____

Is child subject to convulsions/seizures? Yes No

If yes what precautions need to be taken: _____

Are there any physical conditions that we should be aware of (heart trouble, foot problem, hearing impairment, hernia, etc.)?

Yes No

If yes what precautions should be taken: _____

Other special instructions: _____

The above enrollment and emergency information was provided by:

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____