FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Name: _____

Class Location: _____

HEALTHY WEIGHT AND YOUR CHILD

ENROLLMENT FORM

This form should be completed by the participating child's **parent or caregiver**. HWYC is committed to reaching all groups, irrespective of gender, location, income, or race/ethnicity. The information you provide will help to ensure we are reaching all sections of the community. **We therefore request that you answer all the following questions.**

About You

Today's Date: / /

First name:	**Last name:**
Home phone #: - -	**Cell phone #:** - -
Email:	**Preferred contact method:** ☐ home ☐ cell ☐ email

Relationship to child:

How did you hear about this program?

☐ Y staff member or volunteer
☐ Friend or family member or word of mouth
☐ School nurse
☐ Doctor or other health care professional
☐ Direct mailing or email communication
☐ Poster, flyer, or event at the Y
☐ Y's website
☐ Media (TV, web, radio, print, etc.)
☐ Faith-based organization
☐ Other (please specify):

Are you or your family members of the Y? ☐ Yes ☐ No

About Your Child

Child's first name:	**Child's last name:**
Child's gender: ☐ Male ☐ Female	**Child's age:**
Child's ZIP code:	**Child's date of birth:** / /

Is your child eligible for free or reduced school lunch? ☐ Yes ☐ No

IN THE PAST 12 MONTHS, did anyone in this household receive food stamps or a food stamp benefit card? *Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.* ☐ Yes ☐ No

Is your child Hispanic, Latino(a), or of Spanish origin? ☐ Yes ☐ No

What is your child's race:

☐ White or Caucasian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Other (please specify):

For Y Staff: Eligibility Determination and Baseline Data

Child Measurement:

Height (1) feet/inch ☐☐☐/8 Weight lbs ☐☐☐.☐ Height (2) feet/inch ☐☐☐/8 BMI %ile wheel Check if ≥95th %ile ☐

HCP Clearance Form received ☐ Yes HIPAA form received ☐ Yes Program fee paid: $

Adult Measurement:

Height Feet/inches ☐☐☐/8 Weight lbs ☐☐☐.☐ Adult name:

Measurements taken by: