

CHILD NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**Child Care Registration  
Medical and Dental Plan  
YMCA OF PIERCE AND KITSAP COUNTIES**



**PLAN IN CASE OF MEDICAL INJURY OR INCIDENT:**

(If child has no medical or dental provider, parent/guardian must provide a written plan for medical or dental injury or incident.)

**PLAN IN CASE OF DENTAL INJURY OR INCIDENT:**

(If child has no medical or dental provider, parent/guardian must provide a written plan for medical or dental injury or incident.)