



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**PACE Program Information Sheet**

Pediatrician's office to complete the top portion, have the child's parent fill in the rest, then fax the completed form to Carrie at the Meriden YMCA at 203-634-6517.

Referring Pediatric Group: \_\_\_\_\_

Referring Pediatrician: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

1) School Name: \_\_\_\_\_

(You will be responsible for transporting your child to and from the Meriden YMCA)

2) The Meriden YMCA is offering free Child Watch (babysitting) services for Monday's meetings (6:00pm – 7:00pm) for your children (age 3 months to 9 years). Will you need babysitting for any of your children while you attend the meeting? Yes or No

3) If yes, how many: \_\_\_\_\_ Please provide the name(s) and age(s) of children requiring these services:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____

Upon receipt of this Information Sheet, a Meriden YMCA PACE Program employee will be contacting you to introduce themselves, review the program and address any questions you may have. We look forward to working with and helping you take that first step toward healthier living.