

YCHILD CARETM

We build strong kids, strong families, strong communities.

Date Enrolled ___/___/___ School Attending _____

Name _____ Grade _____ Age _____

Parent's Name _____ Parent DOB ___/___/___ YMCA Member: Yes No

Address _____ E-Mail Address _____

City _____ State _____ Zip _____ (H) _____

Mom's Business _____ (W) _____ (C) _____

Dad's Business _____ (W) _____ (C) _____

Emergency Contact _____ (W) _____ (C) _____

Insurance Company _____ Policy Number _____

I have read and understand the YMCA After School Parent Information and Program Policy.

Parent Signature _____ (must sign to begin program)

For Office Use Only

Fee per month \$ _____ Member Exp. Date ___/___/___