



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

- 4 & 5 years Mon.,Wed.,Fri. A.M.
 4 & 5 years Mon., Wed., Fri. P.M.
 3 years Tues. -Thurs. A.M.
 2 1/2 -3 years Tues. -Thurs.
 3/4 year Tues.-Thur. P.M.

Name of student:

Last

First

Middle

Address:

Street

City

Zip Code

Phone #: _____ Male Female Birthdate: _____

Cell phone # _____ Cell phone # _____

Father's Name: _____ Mother's Name: _____

Work Number: _____ Work Number: _____

Email: _____ Email: _____

In case of emergency, please call (other than parents):

Name: _____ Phone: _____

*You will need to provide a copy of your child's immunization record before he or she will be allowed to attend YMCA PreSchool.

Who will be picking up your child at school?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I agree to abide by all school regulations.

Parent or guardian signature: _____

Request a Teacher

Registration \$35.00 _____