



Tuesday/Thursday @ Y

3 year olds 1/2 days

3/4 year olds 1/2 days

Tuesday -Thursday Morning

Tuesday-Thursday Afternoon

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 and a physical 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: _____

\$35.00 Registration Fee

_____ Paid



Extendend Day @ Y

3 year olds 1/2 days Tuesday—Thursday Morning class only, have this option

Extended Day

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 and a physical 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:** _____

\$35.00 Registration Fee

Paid
