**Registration Form**
**Preschool Program**
Massillon Family YMCA

YPRESCHOOL™
We build strong kids, strong families, strong communities.

(PLEASE FILL OUT ONE FOR EACH CHILD)

Child's Name:_____ Gender: M F
First M.I. Last

Child's School:_____ Age:_____

Parent's Full Name:_____

Parent's Employer:_____ Day Phone #_____

Parent's Birth date:_____ Second Phone #_____

Email:_____

2nd Parent's Full Name:_____

2nd Parent's Employer:_____ Day Phone #_____

2nd Parent's Birth date:_____ Second Phone #_____

**Please list the persons, other than parents, that are permitted to pick-up your child:***

| NAME | PHONE # | RELATIONSHIP TO CHILD |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**EVERYONE must provide a photo I.D. upon pick-up of a child (including parents).*

Program Days

**3 Year Olds -** Tuesdays & Thursdays

**4 Year Olds -** Mondays, Wednesdays, & Fridays

**5 Year Olds -** Monday **Thru** Friday
Children who are 5 by December 31st and are Kindergarten ready.
Director will make certain exceptions, but must be approved by PreSchool Director

Child's first day in the program will be_____

Monthly payments are due **BY THE 1ST DAY OF THE MONTH** and there are no credits or refunds for missed days.

SIGNATURE:_____ DATE:_____