Registration Form
Preschool Child Care Program

Towpath Trail 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:_____ Grade:_____

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).*

Child's first day in the program will be_____

PLEASE CHECK DAYS ATTENDING:

	Morning	Afternoon	All Day
MONDAY	_____	_____	
TUESDAY	_____	_____	
WEDNESDAY	_____	_____	
THURSDAY	_____	_____	
FRIDAY	_____	_____	

I understand weekly payments are due **ONE WEEK IN ADVANCE** and there are no credits or refunds for missed days.

SIGNATURE:_____ DATE:_____