



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRESCHOOL REGISTRATION FORM 2024-2025

Child's Name: _____ Boy /Girl
Name Child Goes By: _____ D.O.B. _____ Age _____
Address: _____
City _____ Zip Code _____
Mother's Name _____ Phone _____
Father's Name _____ Phone _____
Child' Resides with: _____
Emergency Contact & # when your child is at the Y _____

Must have a Family or Single Parent Family membership to qualify for member rate. Financial assistance is available.

Please check the class for which you are registering

--TWINKLING STARS -- 2 YEAR OLDS: MUST BE 2 BY JUNE 1, 2024

_____ YMCA Tuesday & Thursday 9:00-11:00 AM

Y Members: \$62/month Community: \$87/month

-- SUPER STARS -- 3 & 4 YEAR OLDS: MUST BE 3 BY AUGUST 1, 2024

_____ YMCA Monday, Wednesday & Friday 9:00-11:30 AM

_____ YMCA Tuesday & Thursday 12:30-3:00 PM

Y Members: \$92/month Community: \$117/month

-- SHOOTING STARS - Pre K -- 4 & 5 YEAR OLDS: MUST BE 4 BY AUGUST 1, 2024

_____ YMCA Mon, Tues, Wed, Thurs. 9:00-11:30 AM.

_____ YMCA Mon, Tues, Wed, Thurs. 12:30 – 3:00PM

Y Members: \$112/month Community: \$137/month

I understand the \$50.00 registration fee is non-refundable. The yearly fee is pro-rated into nine monthly payments, which need to be scheduled to draft the first of each month. Class times and days are subject to change depending on enrollment.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

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STAFF USE ONLY: \$50 paid by _____ cash _____ check _____ credit card

Receipt given/sent _____ Staff initials _____ Date _____