



# YMCA Before & After School Program

## YMCA REGISTRATION FORM

Please complete and return this bottom portion with payment to the YMCA program leaders, the school office or YMCA office (fax # 466-6074). One child per registration form. Make checks payable to YMCA.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Class Room# \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City Zip

Parent's Name(s) \_\_\_\_\_ Work/Cell Ph \_\_\_\_\_

My child will attend the before and/or after school program at the following school:

Taylorville Elementary: MORNINGS: ALL Mondays Tuesdays Wednesdays Thursdays Fridays  
AFTERNOONS: ALL Mondays Tuesdays Wednesdays Thursdays Fridays

Fremont Elementary: MORNINGS: ALL Mondays Tuesdays Wednesdays Thursdays Fridays  
AFTERNOONS: ALL Mondays Tuesdays Wednesdays Thursdays Fridays

Orchard Elementary: ALL Mondays Tuesdays Wednesdays Thursdays Fridays  
Track: A B C D

Pioneer Elementary: ALL Mondays Tuesdays Wednesdays Thursdays

Redwood Elementary: ALL Mondays Tuesdays Wednesdays Thursdays

Sessions are typically 9-12 weeks.

Parent E-mail address \_\_\_\_\_

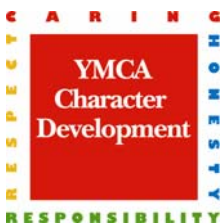
Payment method: Check/MO Visa, MC, AmEx Horizon Card Payment Plan  
Once your registration form is received, you will receive an invoice with your total due.

Credit Card payment \_\_\_\_\_  
Card Number Expiration

**FINANCIAL ASSISTANCE:** Monthly payment plan and scholarships are available for qualifying families. These forms are available on-line.

***The following must be complete before your child will be registered for the YMCA after school program:***

- We are applying for financial assistance? A separate Yes No  
application is required. Contact the YMCA for application and  
payment amount.
- My child may be photographed for promotion purposes? Yes No
- My child has permission to walk home each day? Yes No
- Please list any medical conditions your child has: \_\_\_\_\_ None (Please include phone numbers.)
- Name & phone # of your child's physician/clinic: \_\_\_\_\_
- My child has allergies to: \_\_\_\_\_ Nothing
- Are your child's immunizations current? Yes No
- The following individuals are authorized to pick up my child:  
\_\_\_\_\_



Parent/Guardian's Signature \_\_\_\_\_

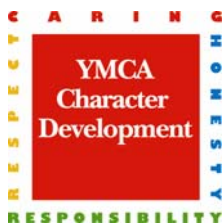
Date \_\_\_\_\_



YMCA  
We build strong kids,  
strong families, strong communities

**QUESTIONS:** If you have any questions, please contact the YMCA office at 466-6299 or [yprogrdir@att.net](mailto:yprogrdir@att.net).

I give permission for my child to participate in the YMCA program including supervised walking field trips. I agree to pay the program fees for my child to participate in the YMCA after school program and understand that if my account is unpaid it will be turned over to collections and I will be responsible for the service fees for collection.



Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

