

**Y School Age Child Care
Suburban North Family YMCA
2009-2010 School Year**

****Separate registration forms must be completed per child****

Is this child new to the Y Care program? Yes _____ No _____

Child's name _____

Address _____ City _____ Zip _____

Phone _____ Age _____ Grade _____ Birth Date _____

Mother/Legal Guardian _____

Address _____ City _____ Zip _____

Home phone _____ Cell Phone _____

Email _____

Place of Employment _____ Phone _____

Father/Legal Guardian _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Employment _____ Phone _____

Child's school _____ Child's Y Care Site _____

Starting date _____ Circle days attending Mon Tues Wed Thurs Fri

Morning arrival time _____ Afternoon departure time _____

I affirm that the above information is correct _____ Date _____

**Reminder: All forms must be completed before a child can attend the Y School Age
Child Care Program!**

If you have any questions, call the YMCA @ (610) 264-5221

For office staff only

Paid \$50.00 registration fee _____

Date _____

Staff initials _____