



EARLY LEARNING CENTER REGISTRATION FORM

YMCA of Downtown Manchester | YMCA of Strafford County

All information must be filled out COMPLETELY - PLEASE PRINT

HOW DID YOU HEAR ABOUT US? _____

Child's Full Legal Name: _____ DOB: _____ Grade: _____ Male Female

Child's Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian 1: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Parent/Legal Guardian 2: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Who has legal custody of the child?* Parent/Legal Guardian 1 Parent/Legal Guardian 2 Shared

***If applicable, please provide copies of any documents pertaining to the custody of the child.**

Select your Branch:

YMCA of Downtown Manchester Infant/Toddler Preschool I Preschool II Pre-K / Kindergarten **Start Date:** _____

YMCA of Strafford County Infant Toddler Preschool I Preschool II Preschool III Pre-Kindergarten **Start Date:** _____

Pre-qualified State Child Care Reimbursements or Other Outside Source: Yes No

Would you like to know more about financial assistance for Y child care? Yes* No

*Financial assistance for Y child care is available for household incomes less than \$55,000. A financial aid application with supporting documents will be required, which can be found online or at your local branch.

Information is used for statistical purposes and grant applications.

Race of Child (check below)

- White Black/African American Black/African American and White Asian/White
- American Indian/Alaskan Native American Indian/Alaskan Native and White Native Hawaiian/Other Pacific Islander
- Indian/Alaskan Native and Black/African American Asian Other/Multi-racial

Ethnicity of Child Hispanic Non Hispanic

Parent/Guardian Marital Status Single Married Separated Divorced Widowed

- I/we the undersigned have read and agree to abide by all policies stated in the parent/guardian handbook and policy page online. Failure to comply with these policies may result in removal of the child from the program without notice or refund.
- I/we the undersigned swear that all the information provided in this application form is true as of the date noted below. I/we agree to notify the Y in writing immediately if any information on the application changes while the child is enrolled in the YMCA child care program.
- I/we understand that we are responsible for 100% completion of CampDoc for my child to attend child care programs.
- I/we understand the person(s) recognized as legal guardian(s) for this child and any other person signing this agreement is/are responsible for fulfilling all obligations of this contract.
- The registration fee is not transferable and nonrefundable.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

FOR OFFICE USE ONLY

Amount: _____	Payment for: 1st week/month child care deposit Child care registration fee	Payment Method: _____	Date: _____
---------------	----------------------------------------------------------------------------------	-----------------------	-------------

Referral Follow-up: _____