



EARLY LEARNING CENTER REGISTRATION FORM

YMCA of Downtown Manchester | YMCA Allard Center of Goffstown | YMCA of Greater Londonderry | YMCA of Strafford County | YMCA of Concord | The Granite YMCA of Somersworth

ALL INFORMATION MUST BE FILLED OUT COMPLETELY - PLEASE PRINT

Child's Full Legal Name: _____ DOB: _____ Grade: _____ M F Non-Binary/Other

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: _____

Does your child require extra support to make sure their experience during child care program is a positive one? Yes No
If yes, the Child Care Director will contact you.

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 Toddler I Toddler II Preschool Pre-K **Start Date:** _____

YMCA Allard Center of Goffstown Pre-K Glen Lake Kindergarten AM (7:00 am - 12:20 pm) **Start Date:** _____
 Glen Lake Kindergarten PM (11:15 am - 5:30 pm) Glen Lake Kindergarten After Care (3:00 - 5:30 pm)

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

YMCA of Greater Londonderry **Preschool/Pre-K Programs:** Preschool (full time only) Pre-K (full time only) **Start Date:** _____
Kindergarten Programs: Full Time Part Time (select days) M T W R F
 Kindergarten AM (7:00 am - 12:30 pm) Kindergarten PM (11:30 am - 3:00 pm)
 Kindergarten PM (11:30 am - 5:30 pm) Kindergarten After Care (3:00 - 5:30 pm)

YMCA of Concord Infant I Infant II Toddler I Toddler II Toddler III Preschool I Preschool II Pre-K **Start Date:** _____

The Granite YMCA of Somersworth Infant Toddler I Toddler II Preschool I Pre-K **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 families that qualify. A financial aid application with supporting documents will be required, which can be found online or at your local branch.

The following information is used by grant managers and program administrators for statistical purposes and for grant applications, which allows us to expand access to our programs and to connect families with additional community partners as applicable.

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 **Primary Language Spoken at Home** _____

Parent/Guardian Marital Status Single Married Separated Divorced Widowed

Who is the Primary Caregiver of the Child? Both Parents Mother Father Grandparents Other

Primary Caregiver Employment Status Unemployed Part-time Full-time Retired Disabled

How Many People Live in Your Household? 2 3 4 5 6 7 8 8+ **Current Housing Status?** Rent Own Other

Household Income (select one) <\$10,000 \$10,000 - \$25,000 \$25,001 - \$35,000 \$35,001 - \$45,000 \$45,001 - \$55,000 \$55,001+

Have you faced homelessness in the last two years? Yes No **Does your child receive free or reduced lunch?** Yes No

Is your family interested in being connected to any community resources? Yes No

- 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:** _____

How did you hear about us? Referral YMCA Website School Direct Mail Email Campaign Newspaper
 Google Social Media (Facebook, Instagram, etc.) Other _____