



TEEN AFTER CARE PROGRAM REGISTRATION FORM

YMCA Allard Center of Goffstown • YMCA of Greater Londonderry

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: _____

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 Allard Center of Goffstown YMCA of Greater Londonderry

Select your Program(s):

Vacation/No School Days ONLY (Additional Registration Form Required)

After School Program Site: _____ School: _____ Start Date: _____

Select Days: M T W R F

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.

- I/we the undersigned have read and agree to abide by all policies stated in the parent/guardian handbook 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 all required paperwork 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.
- I/we understand that my weekly tuition is based on a yearly program fee divided by the number of weeks of program. The calculation results in equal weekly payments throughout the year regardless of holidays or school closures.
- The Y may use pictures and/or video of my child for print and electronic promotional purposes. If I wish that my child's photos not be taken or used, I must give written request to the program director.
- 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 _____