

Program Specialist Signature

Date

STATELINE FAMILY YMCA After-School Enrollment – Todd, Robinson & Ironworks Branch

nild's Name (please print clea	Last		First	Middle Initial
nild's Date of Birth:		Stateline Family YMCA Member – Yes		Yes or No
			,	
arent/Guardian's Name (pla	ease print clearly) : _	 Last	First	Middle Initial
arent's Date of Birth:			E-Mail Address:	
arent's Address:				
none: Cell			 Home	Emergency
Cell	Δfte		ol Program	Linergency
			_	
	Check whi	ch program	you are enrolling in.	
	Todd Elementary		Robinson Elementary	Ironwork Branch (YMCA does not provide transportation to the Y)
\$124/month Y Member \$140/month General Public		Part-Time ss per week)	Part-Time (3 days or less per week)	Part-Time (3 days or less per week
\$174/month Y Member \$204/month General Public	(4 days or mo	Full-Time ore per week)	Full-Time (4 days or more per week)	Full-Time (4 days or more per week
 A \$35 per child or \$60 r non-refundable. After-School Care fee w 1st of every month. There will be a \$25 serv My child will remain enro 	maximum per famil ill be automatically ice fee for returne olled in preschool a	y registrat / drafted f d or declin and I will c	ol Program I agree to the find the find fee due at time of registers of the designated bank or led payments. Ontinue to pay the appropriquired to unenroll a child.	tration. This fee is credit card account on the ate fees until he/she is
		Offi	ce Use Only	
			Registration Fee Paid	
rent/Guardian Signature	Date		Enrolled in Todd – Part Todd – Full Robinson – Robinson –	-Time - Part-Time
ild Care Director Signature	Date		Nobinson = Discounts (if applicable)	Tun Time

Program Specialist Signature

Child Care Director Signature

Date

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