



## 2010-2011 Lattof YMCA After School Registration Form

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

Are you a YMCA member? (Please circle)                      Yes                      No

Did you attend summer day camp in 2010? (Circle)                      Yes                      No

**If you did not attend summer day camp in 2010, you must complete all emergency information forms. All others have been kept on file.**

Any changes in information we should be aware of \_\_\_\_\_

**Registration for Fall I starts April 19<sup>th</sup> and continues until August 20<sup>th</sup>, 2010.**

Please circle the days you would like your child registered for:

(Choose 1, 3, or 5 days each week)

<b>Kindergarten Klub</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursdays</b>	<b>Fridays</b>
<b>Afternoon Adventures 1<sup>st</sup> – 5<sup>th</sup> Grade</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursdays</b>	<b>Fridays</b>
<b>Teen Extreme 6<sup>th</sup> – 8<sup>th</sup> Grade</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursdays</b>	<b>Fridays</b>

What school does your child attend? \_\_\_\_\_

What time does your child's school day end? \_\_\_\_\_

Would you like your child to be picked up by our bus?                      Yes                      No

### Parent/Guardian Waiver

- I understand that payment is due in full at registration.
- I understand that if I am receiving any financial assistance, that I am responsible for any fee not covered by the assistance, including co-pay, at the time of registration.
- I understand that I must register by the YMCA session.
- I understand that I am responsible for submission of the medical waiver and the pick-up information distributed to me at registration.
- I give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Payment \_\_\_\_\_