

**Branch:**  
 Dover     Southern     York

**1<sup>st</sup> CHILD'S INFORMATION - \$30 Registration Fee**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ School for Care: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of 8/1/2020)  
 My child will be attending the: (if attending both before and after school care, please check both boxes)  
 York Early Learning Center     Dover Part-Day Preschool     Southern Part-Day Preschool     Before School Care     After School Care

**2<sup>nd</sup> CHILD'S INFORMATION - \$20 Registration Fee**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ School for Care: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of 8/1/2020)  
 My child will be attending the: (if attending both before and after school care, please check both boxes)  
 York Early Learning Center     Dover Part-Day Preschool     Southern Part-Day Preschool     Before School Care     After School Care

**3<sup>rd</sup> CHILD'S INFORMATION - Free Registration**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ School for Care: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of 8/1/2020)  
 My child will be attending the: (if attending both before and after school care, please check both boxes)  
 York Early Learning Center     Dover Part-Day Preschool     Southern Part-Day Preschool     Before School Care     After School Care

**4<sup>th</sup> CHILD'S INFORMATION - Free Registration**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ School for Care: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of 8/1/2020)  
 My child will be attending the: (if attending both before and after school care, please check both boxes)  
 York Early Learning Center     Dover Part-Day Preschool     Southern Part-Day Preschool     Before School Care     After School Care

**PARENT/GUARDIAN INFORMATION**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

**Payment Information:**

Check Enclosed     Please call me to charge my credit card     Please use the credit on my YMCA account

I understand that my child is not registered until this form along with payment has been received. A confirmation e-mail will be sent after processing the registration fee. Registration fees are non-refundable. Additional enrollment forms will be completed during my meeting with the Director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_