



Y Preschool Registration Form

Class Sessions	Age by Sept. 1, 2011	Class Time	Non-Refundable Registration Fee	Monthly Tuition Payments (9 months)
Preschool Class September 4, 2012 - May 23, 2013				
___ Tuesday & Thursday* (2 mornings / week)	3 years of age	8:30 - 11:00 a.m.*	\$25	Y Members \$75* Non-Y Members \$115*
Preschool Class September 5, 2012 - May 24, 2013				
___ Monday, Wednesday, Friday* (3 mornings / week)	4 - 5 years of age	8:30 - 11:00 a.m.*	\$25	Y Members \$90* Non-Y Members \$135*

*subject to change

Student's Name

P-R-I-N-T NEATLY

_____ (first) _____ (last)
Child's Age _____ Birth Date ____/____/____ Male Female

Address _____
City _____ State _____ Zip Code _____ Phone # _____

Parent / Legal Guardian Name(s):

Parent / Legal Guardian _____ Home # _____ Work / Cell# _____
Parent / Legal Guardian _____ Home # _____ Work / Cell# _____

EMERGENCY CONTACT (other than Parent/Guardian)

Name _____ Home # _____ Work # _____ Cell # _____
Name _____ Home # _____ Work # _____ Cell # _____

Parental / Legal Guardian Authorization of Release

I, _____, Parent/Legal Guardian
(print name)
of, _____, give permission for the named Y Preschool Student to do the
(print name)
following at the end of the day after Y Preschool (check all that apply):

_____ may be picked up by the following people: list all people (relatives, friends, parents) that your child may get a ride/go with:

Name _____ Phone # _____; Name _____ Phone # _____
Name _____ Phone # _____; Name _____ Phone # _____
Name _____ Phone # _____; Name _____ Phone # _____

_____ Other _____

Please list any special instructions or **any persons who are NOT authorized to pick up your child?**

Any **changes** to the above **must** be submitted to the YMCA Preschool Staff **in writing** and **signed by** the Parent / Legal Guardian **prior** to your child being released. Your child will not be released to person(s) or allowed to go anywhere other than listed above or submitted in writing.

Parent / Legal Guardian Signature _____

Date _____

CONTINUED ON REVERSE SIDE

Y Preschool Registration Form (pg.2)

Getting to Know Your Child (Please share any information to help us get to know your child better.)

Has your child had any preschool experience?

Other languages spoken in your home: _____

Are there any nicknames your child likes? _____

Fears your child may have (dogs, sirens, etc.):

Any challenging experiences your child may have had (moving, hospital stay, loss of someone dear?):

What kind of positive reinforcement have you found most and least effective?

Additional comments or concerns?

Field Trip Permission

I hereby grant permission for my child to attend the scheduled field trips as an activity of Day Camp.

Parent / Legal Guardian Signature _____

Date _____

Photo Release Agreement (Optional)

Yes, I hereby grant permission for the Baker County Family YMCA to take and publish still photographs and/or publish those previously taken of my child.

Parent / Legal Guardian Signature _____

Date _____

The Baker County Family YMCA will not deny participation in its Y Preschool program because of an individual's lack of funds. Contact the YMCA/Sam-O Swim Center Front Desk Staff, Monday through Friday, 9:00 a.m. to 3:00 p.m. for information regarding limited, partial scholarship applications which should be turned in **at least two weeks** before the sign-up deadline.

MAIL IN OR BRING COMPLETED FORM AND FEE TO:

Baker County Family YMCA
580 Baker Street

OR

YMCA Fitness Center
2021 Main Street
Baker City, OR 97814

Phone

(541)523-YMCA (9622)

FOR OFFICE USE

Amount Paid \$ _____

Receipt # _____ Date _____

Balance Owed \$ _____

Balance Paid \$ _____

Receipt # _____ Date _____



For Youth Development - Healthy Living - Social Responsibility.