



Chandler/Gilbert Family YMCA Back Up Childcare Registration

Child's First Name _____ Last Name _____ DOB _____ Age/Grade ____ / ____

Address _____ City _____ AZ Zip _____

Parent's name _____ Email _____

Home# _____ Cell # _____ Intel WWID# _____

Check Preferred Program		Facility Member	Program Member	Date Attending
	School Age	\$35	\$45	
	Preschool	\$35	\$45	

Program Closed: Labor Day (Sept 5th), Thanksgiving Day and day after (Nov 24th & 25th), Martin Luther King Day (Jan 16th), Presidents Day (Feb 20st), Memorial Day (May 28th)

Would like a copy of the Statement of Services to be emailed to you? Please make sure that you have provided a current email address above.

Initial _____

Registrations will not be accepted without the following attached:

- Signed registration form Completed blue card Immunization record Payment in Full

DUE AT TIME OF REGISTRATION:

\$30 or \$ 0 YMCA Annual Program Membership Fee/per child or waived with Family Facility Membership

\$35 or \$ 0 Child Care Registration Fee/per family or waived with Family Facility Membership

\$ _____ Your first child care payment

\$ _____ **Your total due today**

Paid by: Check # _____ CASH CREDIT CARD

Credit Card Number _____ exp. date _____

Your first Bank Draft will begin on _____

For office use only
Starfund #
Date:
Comments: