Sex

Age



**CHILD'S INFORMATION:** 

Child's Full Name

## **CRAYON CLUB REGISTRATION FORM**

Thank you for your interest in the Crayon Club managed by the YMCA of Central Kentucky. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

To register, please return this completed form to the Crayon Club with a registration fee of \$35 per child. The registration fee is non-refundable. When your registration form and fee are received we will contact you regarding the enrollment process. Once a start date is scheduled, you will receive enrollment documents to complete. We will then schedule a family intake meeting to review paperwork, develop a transition schedule, answer questions you may have about the program and give you an opportunity to meet your child's teacher.

Date of Birth

Child's Full Name		Date of Birtl	Date of Birth			Sex	
SCHEDULE:							
What is your preferred start date?	What is your anticipa	What is your anticipated daily schedule?					
We will do everything possible to meet yo	ur needs, but we are u	nable to gua	rantee start dates.	Enrollment is	based upon	availability.	
Name	Relationship Date of Birth						
Street Address	l.						
City				!	State	Zip	
Email Address	Home Phone		Cell	Cell Phone			
Employer Name			Work Phone				
Name	Relationship		Date of Birth				
Street Address							
City				9	State	Zip	
Email Address		Home Phone		Cell	Cell Phone		
Employer Name			Work Phone	'			
I choose to pay the registration fee via direct debit from my checking account. Attach voided check.			Debit Card for the call you for your cro			fee:	
Parent/Guardian Signature:						Date:	
FOR ADMINISTRATIVE USE ONLY							
Date Registration Received: Date	fee entere <u>d:</u>	Scheduli	ed Intake Visit· ———	Sta	art Date:		