



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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.

CHILD'S INFORMATION:

Child's Full Name	Date of Birth	Age	Sex
Child's Full Name	Date of Birth	Age	Sex

SCHEDULE:

What is your preferred start date?	What is your anticipated daily schedule?
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We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability.

PARENT/GUARDIAN INFORMATION:

Name	Relationship	Date of Birth	
Street Address			
City		State	Zip
Email Address	Home Phone	Cell Phone	
Employer Name		Work Phone	

Name	Relationship	Date of Birth	
Street Address			
City		State	Zip
Email Address	Home Phone	Cell Phone	
Employer Name		Work Phone	

I choose to pay the registration fee via direct debit from my checking account. Attach voided check.

Charge my Credit/Debit Card for the \$35 per child registration fee:
Administrator will call you for your credit card number and CVS

Parent/Guardian Signature: _____ Date: _____

Return completed registration form to crayonclub@ymcacky.org, mail it to YMCA Crayon Club 142 Lane View Dr., Frankfort, KY 40601, or drop it off at the center during business hours.

FOR ADMINISTRATIVE USE ONLY

Date Registration Received: _____ Date fee entered: _____ Scheduled Intake Visit: _____ Start Date: _____