

**YWCA Before and After School Child Care Program  
2024-2025 Enrollment Form**

Enrollment is on a first-come, first-serve basis. Space is limited at each site by the number of staff, the room size and our state-issued child care license. If you turn in your child's enrollment form and the site or session is full, you may put your child's name on the waiting list. The enrollment fee is non-refundable

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email address (please print) \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email address (please print) \_\_\_\_\_

How did you hear about the YWCA Child Care? Friend \_\_\_\_\_ Social Media \_\_\_\_\_ School \_\_\_\_\_ Radio \_\_\_\_\_ Flyer \_\_\_\_\_

Would an all day program on days off from school be something you use? yes \_\_\_\_\_ No \_\_\_\_\_

**Please initial the following statements:**

\_\_\_\_\_ I am turning in my Non-Refundable \$100 Enrollment Fee, each additional child's Fee is \$60.

\_\_\_\_\_ I agree to turn in Payments, Schedules and Paperwork by the required due dates.

\_\_\_\_\_ I agree to the participate in the policies stated in the current Parent Hand Book.

\* A minimum of 15 students must be enrolled in order for the YWCA to provide a program at each school.

Adams  Consolidated  Harmony  Harrison  Jefferson  Kennedy

Lincoln  Monroe  Roosevelt  Van Buren  Washington  P4J/Pre-K

Non School Days   
(Only)

My child/ren will start the week of \_\_\_\_\_

I am enrolling my child to attend: (Please check one) A.M.  P.M.  Both

This form will be accepted only with the payment and a signature. Please sign below.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by YWCA Staff only (Indicate amount received in each category)  
Recd by \_\_\_\_\_ Date recd \_\_\_\_\_

Fee Paid	Amount Paid	Card/Check #/Cash	Date Paid	Program status
Enrollment Fee				AM PM Both
Other				Wait List AM PM
Total amount paid				