

Referred by: _____

☐ Part Time ☐ SR
☐ Full Time
☐ Nursery School
☐ School Age ☐ BS ☐ AS

YMCA Children's Center Interest Form

Today's Date:			
Street Address, City / Zip			
Phone Number			
Name of Child:			
Birthdate:			
Hours Preferred	<input type="checkbox"/> Part Time Preschool/School Readiness 9:15-11:45 Runs School Yr Only <input type="checkbox"/> Full Time Preschool/School Readiness: Full Year Program <input type="checkbox"/> School Age Before School <input type="checkbox"/> School Age After School School your child will attend/attends: _____		
Anticipated Start Date:			
Any Siblings currently attending?	____ Yes ____ No		
Siblings on waiting list?	____ Yes ____ No		
	Name: _____ Birthdate: _____		
Do you prefer your phone call in (Please check one):	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese		
Parent 1 Name:			
E-mail:			
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Looking for Employment	Parent 1 Employer Address and Phone Number:		
Parent 2 Name:			
E-mail:			
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Looking for Employment	Parent 2 Employer Address and Phone Number:		
Does child live with both parents?	____ Yes ____ No		
Is either parent attending school?	If no please explain- _____ If Yes please list school/ job training- _____		
Has child ever attended center based care? If so where? when? Reason for leaving?			
Does the child receive or need special services or requirements?	____ Yes ____ No		
	If Yes, please explain _____		
Is your child potty trained?	____ Yes ____ No		
	If no please explain- _____		
<u>Notes for Office</u>	Email Completed Form to: wcobelli@regionalymca.org rlaughlin@regionalymca.org Phone: 203-744-4890		