Refered by: _____

☐ Part Time ☐ ESCT
☐ Full Time
☐ Nursery School
☐ School Age BS AS SC

YMCA Children's Center Interest Form

Today's Date:	
Street Address, City / Zip	
Phone Number	
Name of Child:	
Birthdate:	
Hours Preferred	☐ Part Time Preschool/Early Start **Hrs 9:00-12:15** Runs School Yr Only ☐ Full Time Preschool/Early Start CT: **Hrs 7:30am-5:30pm** Full Year Program ☐ School Age Before School ☐ 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):	___English ___Spanish ___Portuguese
E-mail:	
Mothers Name:	
Circle Employment Status: Full Time Part Time Looking for Employment	Employer Address and Phone Number:
Fathers Name:	
Circle Employment Status: ☐ Full Time ☐ Part Time ☐ Looking for Employment	Employer Address and Phone Number:
Does child live with both parents?	___Yes ___ No If no please explain- _____
Is either parent attending school?	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- _____
Office Use Only | Notes	