

DESIRED START DATE

____/____/____



We build strong kids, strong families, strong communities.

REGISTRATIONS WILL **NOT** BE PROCESSED WITHOUT FULL PAYMENT RECEIVED.

NEWPORT COUNTY YMCA AFTERSCHOOL REGISTRATION FORM

CHILD INFORMATION: PLEASE PRINT

Child's LAST Name		Child's FIRST Name		Child's Age	Child's Grade
Please circle: Female <input type="checkbox"/> Male <input type="checkbox"/>		Child's School & City		Child's Birth Date M____D____Y____	Email Address
Parent/ Guardian 1 Name		Parent/ Guardian 2 Name		Phone 1 #	Phone 2 #
Street Address		City, State, Zip Code		<p>By signing below I agree that:</p> <p>*In the event of a medical emergency and if I or my Emergency Contacts can not be reached, I authorize the YMCA After School Program to secure appropriate and immediate medical care for my child. This may include hospitalization (ambulance)</p> <p>*I give permission for my child to be photographed at the YMCA's School's Out Program. Photos may/ may not be used for YMCA promotional purposes.</p> <p>*I hold blameless the Newport county YMCA for any claims of personal injury obtained to my child while attending the After School program.</p> <p><input checked="" type="checkbox"/> _____ SIGNATURE DATE</p>	
Parent/ Guardian 1 Workplace		Work Phone Number			
Parent/ Guardian 2 Workplace		Work Phone Number			
Authorized Pick Up/ Emergency Contact		Phone Number			
Authorized Pick Up/ Emergency Contact		Phone Number			
Authorized Pick Up/ Emergency Contact		Phone Number			
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AFTER SCHOOL LOCATION: (PLEASE CHECK THE APPROPRIATE BOX)

SITE	SITE	SITE
<input type="checkbox"/> AQUIDNECK ELEMENTARY <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> CRANSTON CALVERT ELEMENTARY PM ONLY	<input type="checkbox"/> MELROSE ELEMENTARY PM ONLY
<input type="checkbox"/> FOREST AVE. ELEMENTARY <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> SULLIVAN ELEMENTARY PM ONLY	
<input type="checkbox"/> GAUDET MIDDLE PM ONLY	<input type="checkbox"/> UNDERWOOD ELEMENTARY PM ONLY	

PAYMENTS: (PLEASE CHECK APPROPRIATE BOX)

X	PROGRAM TYPE	10 MONTHLY PAYMENTS	REGISTRATION
	5 DAY AFTERSCHOOL CARE	\$255.00	\$35.00
	5 DAY BEFORE CARE	\$160.00	\$35.00
	5/5 COMBO (BEFORE & AFTER) CARE	\$305.00	\$35.00
	4 DAY AFTER SCHOOL CARE	\$240.00	\$35.00
	3 DAY AFTER SCHOOL CARE	\$215.00	\$35.00
	2 DAY AFTER SCHOOL CARE	\$160.00	\$35.00
	1 DAY AFTER SCHOOL CARE	\$85.00	\$35.00

ALLERGIES/MEDICAL CONCERNS	SIGNATURE	FINACIAL ASSISTANCE
Please document any/all allergies and/or medical concerns 1. 2.	In addition to this registration form I have been given the Parent Handbook and financial agreement <input checked="" type="checkbox"/> _____ Signature Date	<input type="checkbox"/> DHS Certificate # _____ <input type="checkbox"/> Scholarship _____

OFFICE USE ONLY

____ Full One Month Payment

____ State School Physical Form

____ \$35.00 Registration Fee