



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Twice As Nice Waitlist Form

Please complete this form if you would like to be added to the wait list. You will be placed on the wait list effective the date it is submitted. We will contact you if a spot becomes available.

Please email completed form to andreaf@newportymca.org

IMPORTANT:

- Completion of this form does not guarantee acceptance into the program.
- Families are accepted based on when their form has been received; we will not skip families who are on the waitlist unless they express that they are no longer interested.
- Due to the lengthy waitlist, we are unable to estimate the timing of acceptance.

Child's Name:

Date of Birth:

Parent/Guardian #1:

Cell:

Email:

Address:

City/Town:

Zip Code:

Parent/Guardian #2:

Cell:

Email:

Address:

City/Town:

Zip Code:

Start date preferred:

Number of days preferred:

- ☐ 2 days (Tuesday, Thursday)
- ☐ 3 days (Monday, Wednesday, Friday)
- ☐ 5 days (Monday through Friday)

Who can we thank for your referral?

Parent/Guardian signature:

Date submitted: _____

Staff initials: _____