

Winthrop Area YMCA
KIDS CLUB

Application for Enrollment

CHILD'S NAME _____ GRADE _____

CHILD'S DATE OF BIRTH ____/____/____ TEACHER: _____

HOME PHONE _____

HOME ADDRESS (Mailing) _____

Parent / Guardian Names * _____

** Must be either the parent or legal guardian to apply*

Mothers Contact Information

Work Phone _____ Cell Phone _____

Fathers Contact Information

Work Phone _____ Cell Phone _____

Family Email: _____

ONE EMAIL ADDRESS IS REQUIRED SO WE CAN COMMUNICATE WEEKLY

Second Email: _____

Persons (*other than parents*) authorized to pick up child from the program:

(Phone) _____

(Phone) _____

Persons (*other than parents*) that should be notified in an emergency:

(Phone) _____

(Phone) _____

My Child will be attending the KIDS CLUB Program on the following days:

MON _____ **TUES** _____ **WED** _____ **THUR** _____ **FRI** _____