



Sonoma County Family YMCA Before & After School Registration 2025-2026

FOR OFFICE USE

ONLY

Reg Rec'd by

Reg. Paid

Tuition Paid

Start Date

Rec'd Parent Pkt

Site called

Child's Name _____ Gender: ☐ -F ☐

-M

Age _____ Birthdate _____ Grade (As of Start Date) _____ Start Date _____

School/Site

Attending _____

Subsidizing Agency/ELOP Code (If Applicable) _____

Agency Contact _____ Agency Phone # _____

Option plan:

☐ -Traditional School Schedule

☐ -Year-Round School Schedule (Richard Crane only)

☐ -Flex 10: 10 hours per month ☐ -Flex 20: 20 hours per month ☐ -Flex 30: 30 hours per month (choose one)

Kindergarten

Please circle days needed:

AM Care: M T W Th F

K Time: M T W Th F

Afterschool: M T W Th F

1st - 6th Grades

Please circle days needed:

AM Care: M T W Th F

Afterschool: M T W Th F

Parent/Guardian Financially Responsible for Care:

Name: _____ Best Contact # _____

SSN or DL # _____ DOB ____/____/____

Email Address _____

Mailing Address _____ City _____ Zip _____

Optional: Parent/Guardian/Other to be listed on account (will have account access and ability to change schedule)

Name: _____ Best Contact # _____

DOB ____/____/____

Email Address _____

Mailing Address _____ City _____ Zip _____

OTHER persons to contact in case of emergency (**we will always call parents first, please list alternate contacts**).

#1-Name _____ Relationship _____ Phone _____

#2-Name _____ Relationship _____ Phone _____

This form will be sent to our YMCA Central Office and kept on file there to facilitate mailings and for back-up in emergency situations. Don't forget to keep your Site Director informed about changes in your address and home, work and emergency phone numbers.

Parent/Guardian Signature _____

Date _____