



Sonoma County Family YMCA Before & After School Registration 2026-2027

FOR OFFICE USE
ONLY
Reg Rec'd by _____
Reg. Paid _____
Tuition Paid _____
Start Date _____
Rec'd Parent Pkt _____
Site called _____

Child's Name _____ Gender _____

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 _____

PERMISSION, RELEASE AND HOLD HARMLESS AGREEMENT

GENERAL RELEASE OF LIABILITY: In consideration for being allowed to participate in YMCA activities and programs, I agree to assume and accept all responsibility of the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA program. I further agree to release, discharge and hold harmless from any liability whatsoever the Sonoma County Family YMCA, all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only to me, but my heirs, administrators, executors, successors and assigns.

Parent/Guardian Signature _____

Date _____