



Sonoma County Family YMCA Before & After School Registration 2024-2025

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 _____

