

# School-Age Registration 2018-2019



**Upon registering your child(ren) for any YWCA Young Wonders programs, please complete the following information and pay a \$35 registration fee (per child).**

*\*All registration fees are non-refundable, non-transferable, and valid for six months.*

### PROGRAM INFORMATION

**Requested Start Date:**

### PLEASE SELECT ONE:

- Bent                       Carlock                       Irving                       Oakland
- Stevenson                       Sheridan                       Washington

*If you are interested in the Colene Hoose Special Needs program, please call (309-662-7826 for a registration intake appointment before completing this form. IEP will be needed for the meeting.*

- Bent at Hershey Rd.\*                       BJHS at Hershey Rd.\*\*                       Corpus Christi at Hershey Rd.\*\*
- Colene Hoose at Hershey Rd.\*\*                       Grove at Hershey Rd.\*                       Metcalf at Hershey Rd.\*\*
- Northpoint at Hershey Rd.\*\*                       Oakdale at Hershey Rd.\*\*                       Prairieland at Hershey Rd.\*\*
- Stevenson at Hershey Rd.\*\*

*If your child's school is not listed, please contact YWCA Young Wonders at [childcarecustomerservice@ywcaclean.org](mailto:childcarecustomerservice@ywcaclean.org) or (309) 662-7826.*

- WEEKLY ATTENDANCE:**     before school     after school     before AND after school
- 5 days                       4 days                       3 days
- Please mark specific days:  Monday                       Tuesday                       Wednesday                       Thursday                       Friday

*\*Bent provides transportation to Hershey Rd.*

*\*\*There is an additional \$5 per week transportation fee*

**Child's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Has your child attended YWCA Young Wonders in the last year?     Yes     No

### PARENT INFORMATION

**Parent 1:** Name \_\_\_\_\_ Relationship to child:     mother     father     guardian     other \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

CONTACT INFORMATION: Phone 1 ( home  work  cell): \_\_\_\_\_ Phone 2 ( home  work  cell): \_\_\_\_\_  
Phone 3 ( home  work  cell): \_\_\_\_\_ Email address: \_\_\_\_\_

**Parent 2:** Name \_\_\_\_\_ Relationship to child:     mother     father     guardian     other \_\_\_\_\_  
CONTACT INFORMATION: Phone 1 ( home  work  cell): \_\_\_\_\_ Phone 2 ( home  work  cell): \_\_\_\_\_

Phone 3 ( home  work  cell): \_\_\_\_\_ Email address: \_\_\_\_\_

**ARE YOU APPLYING FOR ASSISTANCE?**     Yes     No | If yes:     CCRRN (IDHS)     DCFS **Must have approval prior to start date.**

Are any adults in the household active members of the military or military veterans?     Yes     No

How did you hear about YWCA Young Wonders?     Billboard     Friend/Family \_\_\_\_\_     Internet Search  
 Magazine \_\_\_\_\_     Newspaper     Radio (station: \_\_\_\_\_)     Social Media     YWCA Website     Other \_\_\_\_\_

### OFFICE USE ONLY:

Payment type:  check (check number \_\_\_\_\_)     credit card     cash (receipt number \_\_\_\_\_)     other \_\_\_\_\_  
Name on check/card: \_\_\_\_\_    Receipt given:     Yes     No  
Payment received by: \_\_\_\_\_    Registration completed by (YWCA staff Initials) \_\_\_\_\_    Date Completed: \_\_\_\_\_