

# YWCA Young Wonders Early Learning Registration



Upon registering your child(ren) for a YWCA Young Wonders program, please complete the following information and pay a \$50 registration fee (per child).

*All registration fees are non-refundable, non-transferable, and valid for 6 months.*

**Requested Start Date:** \_\_\_\_\_ (must be at least one week from registration date)

**Please select one:**  Full-time care (available 6 a.m. to 6 p.m.)  Part-time care (available 6 a.m. to 12 p.m.)

**Please select which days your child will attend:**

Monday  Tuesday  Wednesday  Thursday  Friday

**Does your child currently receive developmental services** (i.e. speech/occupational/physical therapy)?

Yes  No If yes, please specify \_\_\_\_\_

**Classroom:**

Infants (Ladybugs)  Toddlers (Bumblebees)  Twos (Lighting Bugs)

Pre-Kindergarten, 3-5 year olds (○ Silly Snails, ○ Butterflies, ○ Glowworms)

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

**Parent Information:**

**Parent 1: Relationship to Child:**  Mother  Father  Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent Information:**

**Parent 2: Relationship to Child:**  Mother  Father  Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you applying for assistance?\*\*\*  Yes  No If Yes,  CCRRN (IDHS)  DCFS

\*\*\*Families must have approval before child can start

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

How did you hear about YWCA?  Friend  Social Media  Radio  Corner Sign  Other \_\_\_\_\_

OFFICE USE ONLY:

Payment Received by: \_\_\_\_\_ Registration Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Cash: \$ \_\_\_\_\_  Check: # \_\_\_\_\_  Credit Card:  Visa  MasterCard  Discover

Name on Check/Card: \_\_\_\_\_ Given Receipt:  Yes  No

Copied for:  Teacher  Finance

Please give original to child care administrative support specialist.