

Young Wonders Youth Development Before/After or During School 2020-21



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

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

CHILD'S FULL NAME: _____ **Date of Birth:** _____

Where would you like your child to attend Young Wonders Before and After School? *(Placement on a first come, first served basis)*

Hershey Road Colene Hoose (p.m. – Special Needs)** ****Intake meeting required prior to first day.*

What school does your child attend? _____

Will your child need transportation?* Yes No (If yes, a staff member will call to assess your needs.)

WEEKLY ATTENDANCE: before school after school before AND after school full day

5 days 4 days 3 days

Please mark specific days: Monday Tuesday Wednesday Thursday Friday

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

Will your child need assistance with eLearning and/or tutoring? eLearning Tutoring Both Neither

Do you want us to work with/exchange information with your child's school/teachers for the health and development of your child? 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 _____) apply to current account other _____

Name on check/card: _____ Receipt given: Yes No

Payment received by: _____ Registration completed by (YWCA staff Initials) _____ Date Completed: _____