

## YWCA Young Wonders Early Learning Registration

To begin the registration process for the Young Wonders Early Learning Program please complete the following information.

A \$60.00 non-refundable, non-transferable, registration fee is due at this time.

### Type of Care Needed:

*We provide care between the hours of 6am and 6pm, Monday through Friday.*

- Full-time care:** Care for six or more hours per day. (Circle all that apply) M T W TH FR
- Part-time Mornings:** Care between 6am to 12pm. (Circle all that apply) M T W TH FR
- Part-time Afternoons:** Care between 12pm to 6pm. (Circle all that apply) M T W TH FR

Does your child currently receive developmental services?  YES (PLEASE MARK BELOW)  No

Speech

Physical Therapy:

Occupational

Other: \_\_\_\_\_

\*Must submit IEP for review. Registration will be pending until IEP is approved.

**Child's Name** (please print) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Male  Female

**Child's Name** (please print) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Male  Female

**Child's Name** (please print) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Male  Female

**Mother's Name** (please print) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father's Name** (please print) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Please fill out the back portion (flip over)*

**Child's Address** (please print) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Are you working with a child agency?**  Yes (please mark below)  No

CCRRN  I have a current case I am transferring to Young Wonders

I am currently applying for aide

DCFS Caseworker who I am working with: \_\_\_\_\_

Caseworker's phone number: \_\_\_\_\_

*Please note if your approval is not finalized with our billing coordinator before your child starts you will be held financially responsible for all tuition fees until approval is received by the above agency.*

**How did you hear about YWCA?**

Friend Who Currently Attends Young Wonders. Name: \_\_\_\_\_

Friend Whom Currently Works for Young Wonders or YWCA. Name: \_\_\_\_\_

Social Media. (Circle One) Facebook Instagram Twitter Youtube

Radio Radio Station: \_\_\_\_\_

Other: \_\_\_\_\_

**OFFICE USE ONLY:**

Registration fee paid:  Yes  No Paid by:  Cash: Receipt# \_\_\_\_\_  Credit Card

Check: Check#/Receipt#: \_\_\_\_\_ Payment Taken by: \_\_\_\_\_

Classroom Assigned to: \_\_\_\_\_

Registration Packet Given: \_\_\_\_\_ Date \_\_\_\_\_ Registration Packet Received: \_\_\_\_\_ Date \_\_\_\_\_

Confirmed start date: \_\_\_\_\_ (set by Billing Coordinator/Director)