



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REGISTRATION

### Stoneham YMCA Child Care and Program Center

Child's Name: \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Home Address: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent's Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Hours at Work: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Site Selection: Melrose Stoneham

Circle Program Choice- please indicate days or if you are flexible

2 days (M T W TH F)

3 days (M T W TH F)

5 days (M-F)

Infants (6wks-15months)

Toddlers (15 months-2.9 years)

Preschool (2.9 years- 5 years)

Desired date you wish your child (ren) to start: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use: Date Rec'd: \_\_\_\_\_ Reg. Fee \$40 Check # (non-refundable) \_\_\_\_\_