



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REGISTRATION

Melrose Family YMCA Child Care Centers

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) _____