

PROGRAM SELECTION FORM

Dale Turner Family YMCA School Age Care

September 2009 - June 2010



FAMILY INFORMATION

Parent/Guardian	Daytime Phone
Email Address	
Parent/Guardian	Daytime Phone
Email Address	
CHILD ONE	Age
CHILD TWO	Age
CHILD THREE	Age

PROGRAM INFORMATION

Program Option (please circle appropriate)	Program Includes
AM & PM (full time) \$455.00/Month	See attachment
AM & PM (part time) \$300.00/Month	See attachment
PM Plus \$385.00/Month Must be registered for this option by September 2009.	See attachment
PM Only (full time) \$325.00	See attachment
PM Only (part time) \$225.00/Month	See attachment
AM & PM Year Round \$495.00/Month Does not qualify for DSHS or other government subsidy. Must be registered for this option by September 2009.	See attachment
AM Only \$285.00	See attachment
Non-Student Days & Vacation Breaks \$40.00/Day	All Day Child Care
Early Release Days \$30.00/Day	Half Day Child Care

Please Circle the SCHOOL your child attends:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Beverly | <input type="checkbox"/> Meadowdale** |
| <input type="checkbox"/> Briarcrest* | <input type="checkbox"/> Meridian Park* |
| <input type="checkbox"/> Brookside* | <input type="checkbox"/> Parkwood* |
| <input type="checkbox"/> Cedar Way | <input type="checkbox"/> Ridgecrest* |
| <input type="checkbox"/> Chase Lake | <input type="checkbox"/> Seaview** |
| <input type="checkbox"/> Echo Lake* | |
| <input type="checkbox"/> Edmonds** | |

* (AM/PM Care will be held at Bethel Church, transportation provided)
 **(AM/PM Care will be held at Beverly, transportation provided)

For office use only:

Completed Forms:

- Pink Cover Sheet •
- Youth Program Registration Form •
 Health Notes?(circle one) YES NO
- Certificate of Immunization •
- Parent/Guardian Statement of Understanding •
- Program Policies/Special Needs Policy Form
- Payment Plan Selection Form
 (CC or Bank Draft form as well, if needed)

Registration Information:

- Start Date: _____
- Initial Payment: _____
- Date Received: _____
- Received By: _____

Initial For:

- _____ Copy to Site
- _____ Salmon Copy to Director (if needed)

• Make photo copy of these forms and place them in the appropriate School Age Care site box. If YES for Health Notes, place a salmon copy in the SAC Director's box.