

(Check one)

Crestview Area YMCA Childcare _____

Clear Fork Valley YMCA Childcare _____

State Licensed Pre School/Childcare Program
Program Interest Application

Full Day Care _____

Half Day Care _____

AM _____

PM _____

Child's Name: _____ DOB _____ Sex: M/F

Child's Name: _____ DOB _____ Sex: M/F

Child's Name: _____ DOB _____ Sex: M/F

Child's Name: _____ DOB _____ Sex: M/F

Father's Name _____

Phone # _____

Home or Cell

Address _____

Mother's Name _____

Phone # _____

Home or Cell

Address _____

Father's Occupation _____

Mother's Occupation _____

Registration Fee: Individual child **\$20** _____

Family **\$35**. _____

(The registration fee is non-refundable.)

Parent

Signature: _____ Date: _____

Paper work will be completed at the interview

Send completed form

with appropriate registration fee to :

Velma Bond
Mansfield YMCA
750 Scholl Rd.
Mansfield, OH 44907