



YMCA of Columbia-Willamette CHILD DEVELOPMENT CENTER PARENT CONFIRMATION AND AGREEMENT

Complete the information below. Refer to the program rate sheet for package description and hours of operation.
Please return this form to the Program Office.

PARTICIPANT INFORMATION					
YMCA PROGRAM SITE				START DATE	
CHILD'S NAME			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE OF CHILD
SECOND CHILD'S NAME			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE OF CHILD
ADDRESS		CITY	STATE	ZIP	
FIRST PARENT'S/GUARDIAN'S NAME		HOME PHONE	PAGER/CELL		
ADDRESS (IF DIFFERENT FROM CHILD'S)		CITY	STATE	ZIP	
E-MAIL ADDRESS					
EMPLOYER			WORK PHONE		
ADDRESS		CITY	STATE	ZIP	
SECOND PARENT'S/GUARDIAN'S NAME		HOME PHONE	PAGER/CELL		
ADDRESS (IF DIFFERENT FROM CHILD'S)		CITY	STATE	ZIP	
EMPLOYER			WORK PHONE		
ADDRESS		CITY	STATE	ZIP	
EMERGENCY CONTACT(S) OTHER THAN PARENT(S) AUTHORIZED TO PICK UP CHILD(REN)					
NAME		PHONE		RELATIONSHIP	
NAME		PHONE		RELATIONSHIP	

PLEASE INDICATE THE SITE YOUR CHILD(REN) WILL BE ATTENDING:

CHOOSE THE NUMBER OF DAYS YOUR CHILD(REN) WILL BE ATTENDING:

2 DAYS
 3 DAYS
 4 DAYS
 5 DAYS

SELECT THE PROGRAM ACCORDING TO YOUR CHILD(REN)'S AGE:

INFANT
 WOBBLER
 TODDLER
 TRANSITIONAL PRESCHOOL
 PRESCHOOL
 KINDERGARTEN
 SCHOOL AGE

BASIC
 SCHOOL YEAR
 YEAR ROUND

PLEASE CHECK THE DAYS AND INDICATE TIMES YOUR CHILD(REN) WILL BE ATTENDING

<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
_____ AM	_____ AM	_____ AM	_____ AM	_____ AM
_____ PM	_____ PM	_____ PM	_____ PM	_____ PM