

2ND CHILD:

☐ BASIC/LEVEL 3

YMCA of Columbia-Willamette SCHOOL AGE 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	SCHOOL CHILD ATTENDS START DATE							
HILD'S NAME			MALE	DATE	DATE OF BIRTH		GRADE IN FALL	
			FEMALE					
SECOND CHILD'S NAME					ATE OF BIRTH GRADE IN		GRADE IN FALL	
			FEMALE					
ADDRESS		CITY		-	STATE	ZIP		
					317112			
FIRST PARENT'S/GUARDIAN'S NAME		HOME PHONE			PAGER/C	FII		
TROT TREET J. GORDING J. IMPL		HOME FROME			PAGEN/CELE			
ADDRESS (IF DIFFERENT FROM CHILD'S)		CITY			STATE	ZIP		
אסאפרט (וו פווז באבאיז דאסאי כווובט ש)		CITT			JIAIL	211		
EMPLOYER			WORK PHONE					
LMFLOTER			"	KK FIIONI	_			
ADDRESS		CITY			STATE	ZIP		
ADDRESS		CITT			JIAIE	ZIP		
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E-MAIL ADDRESS		MAY WE CONTA	CT YOU BY E	-MAIL? Y	_ N _			
CECOND DADENTS (SUADDIANS MANE								
SECOND PARENT'S/GUARDIAN'S NAME			HOME PHONE			PAGER/CELL		
ADDRESS (IF DIFFERENT FROM CHILD'S)		CITY			STATE	ZIP		
EMPLOYER			WO	RK PHON	E			
ADDRESS		CITY			STATE	ZIP		
E-MAIL ADDRESS		MAY WE CONTA		- MAII 2 V	- N -			
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EMERGENCY CONTACT(S) OTHER THAN PARENT(S) AUTHORIZED TO PICK UP CHILD(REN)								
NAME			PHONE			RELATIONSHIP		
ADDRESS		CITY			STATE	ZIP		
NAME			PHONE			RELATIONSHIP		
ADDRESS		CITY			STATE	ZIP		
		•			•			
PLEASE CHECK DAYS AND INDICATE TIMES YOUR CHILD(REN) WII	LL BE ATTENDING.							
☐ MONDAY ☐ TUESDAY ☐	WEDNESDAY	☐ THURSD	AY		☐ FR	IDAY		
1ST 2ND 1ST 2ND	1ST 2ND	1ST 2ND			1ST	2ND		
	HILD CHILD	CHILD CHILD			CHILD (
□ □ AM □ □ AM	□ □ AM		AM			☐ AM		
□ □ EXT. KG □ □ EXT. KG	☐ EXT. KG		EXT. KG			☐ EXT. KG		
□ □ PM □ □ PM	□ □ РМ		PM			□ PM		
am = care from 6:30 am until school star	ts for the primary grades							
ext. kg = care from the time the am kindergarten class is dismissed until the primary grades are dismissed								
pm = care from the time of primary dismissal until 6:00 pm (6:30 at some locations)								
CHECK THE PACKAGE OPTION YOU ARE REQUESTING (PLEASE REF	ER TO RATE SHFFT FOR PA	CKAGE DESCRI	PTIONS.)					
1ST CHILD: ☐ BASIC/LEVEL 3 ☐ SCHOOL YEAR/LEVEL				JE				

☐ YEAR ROUND/LEVEL 1 – **BEST VALUE**

☐ SCHOOL YEAR/LEVEL 2