



# MICKEY SANDS CHILD CARE CENTER

PRE-REGISTRATION FORM  
SANDSCHILDCARE@ROCHESTERYMCA.ORG

### PLEASE COMPLETE AND TURN INTO THE MEMBERSHIP SERVICE CENTER AT THE CANANDAIGUA YMCA.

Complete one pre-registration form per child. Please Note: Application will not be processed without a completed and signed pre-registration form, one-time non-refundable registration fee (\$100 per child/\$150 per family), and a non-refundable \$150 deposit.

<b>Select Age Group</b>	<input type="checkbox"/> <b>INFANTS</b>	<input type="checkbox"/> <b>TODDLERS</b>	<input type="checkbox"/> <b>PRESCHOOL</b>
	\$362/week 6 Weeks-18 Months	\$336/week 18-36 Months	\$325/week 3-4 Year Olds

### CHILD INFORMATION

Child's First & Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Dominant Language: \_\_\_\_\_ Members:  Y  N

### PARENT/GUARDIAN 1 INFORMATION

Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PARENT/GUARDIAN 2 INFORMATION

Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My child lives with:  Parents/Guardians 1 & 2  Parent/Guardian 1  Parent/Guardian 2

### PARENT/GUARDIAN AGREEMENT

I consent to the pre-enrollment of the child listed above in this facility. I understand:

- My child is enrolled in the YMCA Mickey Sands Child Care Center as indicated by my enclosed non-refundable registration fee and non-refundable deposit.
- Payments not received as scheduled are subject to a \$25 late fee.
- Payments not received on time may result in my child's suspension from the program until the payment is received.
- The YMCA requires 2 weeks written notice for termination of care. I am responsible for full payment of these 2 weeks of care.
- This YMCA program is a continuous program. Paperwork updates happen periodically and program fees can be updated annually.

### MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT OF THE ABOVE

Parent/Guardian 1 Signature

Parent/Guardian 1 Name (Please Print)

Date

Parent/Guardian 1 Signature

Parent/Guardian 1 Name (Please Print)

Date

SANDS FAMILY YMCA | YMCA OF GREATER ROCHESTER | ROCHESTERYMCA.ORG

Office Use Only. Received on:

Date:

Time:

Staff: