



# 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 or your Child Development Center .

PARTICIPANT INFORMATION										
YMCA PROGRAM SITE				SCHOOL CHILD ATTENDS				START DATE		
CHILD'S NAME						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH		GRADE IN FALL
SECOND CHILD'S NAME						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH		GRADE IN FALL
ADDRESS					CITY		STATE	ZIP		
FIRST PARENT'S/GUARDIAN'S NAME				DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HOME PHONE		PAGER/CELL	
ADDRESS (IF DIFFERENT FROM CHILD'S)					CITY		STATE	ZIP		
EMPLOYER						WORK PHONE				
ADDRESS					CITY		STATE	ZIP		
E-MAIL ADDRESS										
MAY WE CONTACT YOU BY E-MAIL? Y <input type="checkbox"/> N <input type="checkbox"/>										
SECOND PARENT'S/GUARDIAN'S NAME				DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HOME PHONE		PAGER/CELL	
ADDRESS (IF DIFFERENT FROM CHILD'S)					CITY		STATE	ZIP		
EMPLOYER						WORK PHONE				
ADDRESS					CITY		STATE	ZIP		
E-MAIL ADDRESS										
MAY WE CONTACT YOU BY E-MAIL? Y <input type="checkbox"/> N <input type="checkbox"/>										
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) WILL BE ATTENDING.									
<input type="checkbox"/> MONDAY		<input type="checkbox"/> TUESDAY		<input type="checkbox"/> WEDNESDAY		<input type="checkbox"/> THURSDAY		<input type="checkbox"/> FRIDAY	
1ST CHILD	2ND CHILD	1ST CHILD	2ND CHILD	1ST CHILD	2ND CHILD	1ST CHILD	2ND CHILD	1ST CHILD	2ND CHILD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM		AM		AM		AM		AM	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
EXT. KG		EXT. KG		EXT. KG		EXT. KG		EXT. KG	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
PM		PM		PM		PM		PM	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
am = care from 6:30 am until school starts 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 REFER TO RATE SHEET FOR PACKAGE DESCRIPTIONS.)			
1ST CHILD:	<input type="checkbox"/> BASIC/LEVEL 3	<input type="checkbox"/> SCHOOL YEAR/LEVEL 2	<input type="checkbox"/> YEAR ROUND/LEVEL 1 – <b>BEST VALUE</b>
2ND CHILD:	<input type="checkbox"/> BASIC/LEVEL 3	<input type="checkbox"/> SCHOOL YEAR/LEVEL 2	<input type="checkbox"/> YEAR ROUND/LEVEL 1 – <b>BEST VALUE</b>