

Young Wonders Youth Development Before and After School 2021-22

A \$50.00 non-refundable, non-transferable, registration fee is due at this time

Child's Name: _____ Date Of Birth: _____

School Attending Bent Carlock Colene Hoose Fox Creek Irving Oakland Sheridan

Stevenson Washington Other _____ +Offsite locations to be determined based on enrollment.

Child's Address (please print) _____

City: _____ State: _____ Zip: _____

Does Your Child Need Bussing? Yes (mark below) No

Dropped off at School. School Starts: _____ Picked up after School. School Ends: _____

**Bent provides district transportation to Hershey Rd. There is an additional \$10 per week transportation fee. All bus routes are subject to change.*

What Type of Care Do You Need? *We provide care between the hours of 6am and 6pm, Monday through Friday at YWCA. Off-site location hours are 6:30AM to 5:30PM.*

Before School: Before School Only (Circle all that apply) M T W TH FR

After School: After School Only (Circle all that apply) M T W TH FR

Before AND After School: (Circle all that apply) M T W TH FR

Has your child attended YWCA Young Wonders in the last year? Yes No

Mother's Name (please print) _____ Phone: _____

Email: _____

Father's Name (please print) _____ Phone: _____

Email: _____

Are you working with a child agency?

Yes (please mark below)

No

CCRRN

I have a current case I am transferring to Young Wonders

I am currently applying for aide

DCFS

Caseworker who I am working with: _____

Caseworker's phone number: _____

Please note if your approval is not finalized with our billing coordinator before your child starts you will be held financially responsible for all tuition fees until approval is received by the above agency.

How did you hear about YWCA?

Friend Who Currently Attends Young Wonders. Name: _____

Friend Whom Currently Works for Young Wonders or YWCA. Name: _____

Social Media. (Circle One) Facebook Instagram Twitter Youtube

Radio Radio Station: _____

Other: _____

OFFICE USE ONLY:

Registration fee paid: Yes No Paid by: Cash: Receipt# _____ Credit Card

Check: Check#/Receipt#: _____ Payment Taken by: _____

Classroom Assigned to: _____

Registration Packet Given: _____ Date _____ Registration Packet Received: _____ Date _____

Confirmed start date: _____ (set by Billing Coordinator/Director)