



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Waiting List Form for Three Years of age and older

Please read the following before completing. Please note you are placing your name on a waiting list ONLY and you are not guaranteed a spot in our program. All information submitted will be confidential and will only be used to contact you about a possible placement.

1. Please ensure the accuracy of all submitted information. Should your contact information change or you find alternate care and no longer wish to be on the waiting list, be sure to notify the Site Director.
2. Priority on the waiting list is given to current families, YMCA employees, and those requesting full time care.
3. Waiting list forms are honored in the order that they were received based on requested start date and availability.
4. When you are offered a spot, you will be required to sign a contract and pay a registration fee to secure the spot.

I agree to the waiting list information above.

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_ CHILD'S DATE OF BIRTH \_\_\_\_\_ GENDER M F

PARENT INFORMATION:

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

CARE NEEDED: FULL-TIME PART-TIME DESIRED START DATE: \_\_\_\_\_

HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_ DAYS: M T W TH F

Are you an employee of the YMCA? YES NO

Do you have other children enrolled in a YMCA Child Care Program? YES NO

If yes; child's name and location: \_\_\_\_\_

The information you provided will be added to our waiting list. If your desired start date is near, or if you have any questions, please contact the Site Director. A copy of the waiting list form will be sent to you.

Director Signature \_\_\_\_\_ Date Received \_\_\_\_\_