



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Clermont Family YMCA SACC
ENROLLMENT FORM
2016-2017**

PARTICIPANT INFORMATION			
Child's Name		Date of Birth	
Gender		Start Date	
Parent's Name		Parent's DOB	
Address		City, State, Zip	
Phone #		Email	
<p>Did you know that Clermont Family YMCA provides \$93,202 in financial assistance each year to ensure that everyone can benefit from Y programs? Are you willing to help give another child the experience of Y child care?</p> <p>Donation Amount: \$ _____ Signature: _____</p> <p style="text-align: center;"><i>Pay now or be billed later.</i></p>			

PROGRAM FEES

Registration Fee: \$25/child; \$50/family (non-refundable/ nontransferable/ due at time of registration)

Discount: Pay full price for one child and receive 10% off each additional child.

Members	Full-time (4-5 days/wk)	Part-time (1-3 days/wk)
Before School	\$179/month	\$138/month
After School	\$179/month	\$138/month
Before & After School	\$358/month	\$276/month
Program Participant		
Before School	\$223/month	\$172/month
After School	\$223/month	\$172/month
Before & After School	\$446/month	\$344/month

Please see the Enrollment Agreement for more information regarding payment policies.

PROGRAM OFFERINGS

Clermont Y SACC: Batavia Elementary, Clermont Northeastern Elementary, Williamsburg Elementary, Williamsburg Middle



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**Clermont YMCA SACC
REGISTRATION FORM
2016-2017**

Child's Name _____ DOB _____

Please select an option in each category to ensure your child's enrollment.

PROGRAM SITE – Select one.

- Clermont Y SACC
Circle your child's school: Batavia Elementary
 Grade: _____
- Clermont Northeastern Elementary
- Williamsburg Elementary Williamsburg Middle

PROGRAM OPTIONS – Select one or both.

Member:

- Before School
- After School

Program Participate:

- Before School
- After School

PROGRAM SCHEDULE – Select one.

- Full-time (4-5 days/week)
- Part-time (1-3 days/week)

Circle the days your child will attend: M T W TH F

United Way Reporting Purposes (Required):

Do you live in the City of Cincinnati limits?

YES NO

Total number of people in your household:

Participant's Race:

- White/Caucasian
- Asian
- American Indian
- Native Hawaiian/Pacific Islander

- Black/African-American
- Multi-Racial
- Hispanic
- Other

Household Income:

- \$0-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999
- \$40,000-\$49,999 \$50,000+

Parent Signature _____ Date _____