



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Clermont Family YMCA SACC ENROLLMENT FORM 2017-2018

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 and Williamsburg Elementary.



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Clermont YMCA SACC REGISTRATION FORM 2017-2018

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:

- | | |
|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other |

Household Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$19,999 | <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$30,000-\$39,999 |
| <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$50,000+ | |

Parent Signature _____ Date _____