



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Childcare Services Waiting List Form

Today's Date: _____

Child's Name: _____

Child's Birthdate: ___/___/___

Is your child a current YMCA Member?

Is your child potty trained? Yes _____ No _____

Date when childcare is needed: _____

Is your child currently enrolled with another childcare provider? Yes _____ No _____

If YES, reason for change: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone/Other _____

Address: _____

Email Address: _____

Parent/Guardian Information:

Mother's place of employment: _____

Mother's work phone number: _____

Father's place of employment: _____

Father's work phone number: _____

Will you need financial assistance? Yes _____ No _____

Is your child enrolled with 4C's School Readiness Program? Yes _____ No _____