2022/2023 YMCA OF REGINA BEFORE AND AFTER SCHOOL PROGRAM RETURNING REGISTRATION FORM

School Name: (Please note that a child must be re		oct.		
school prior to enrollment in the pr		ost		
Grade (2022-2023 Program Year): _				
(Must be in at least Grade 1)				
Child's Name:	_			
	(First and Last N	Name	e)	
Address:			_ Postal Code:	
□M □F Birth Date: <u>da</u> y	// month/year			
Parent/Guardian #1:	Ph	one	#: (h)	
(w)				
Email Address:			(c)	
Parent/Guardian #2: Phone #: (h)				
			(w) (c)	
			(6)	
Email Address:				
Emergency Contact Name and Num	nber:			
	REGISTRATIO			
*Each site has a limited number must be achieved in order	=			
□ Full Time Care	\$305.00		Mornings Only	\$170.00
Afternoons Only	\$215.00		Snack	\$25.00
	AGREEMENT	Г		
☐I authorize the YMCA of Regina to	_		•	•
in lieu of completing a new PAD Feach month.	orm. <u>*Please note</u>	that	all fees will be sched	luled for the 1° of
□I agree to comply with the policie	-			
Manual and as amended from tim Manual available on the YMCA OF			ead and understood t	he <i>Parents</i>
☐I understand that I must provide 3	-			=
moreover, I understand that I mus All changes will be effective for the	=			n order to do so.
□I hereby acknowledge that I am a abide by these requirements.				nent and agree to
Parent/Guardian			Date	