



# St. Mary's French Immersion YMCA Before and After School Registration

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name of Mother (Guardian): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name of Father (Guardian): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Before/After School Programs:** Kindergarten (3.5 - 6 years)  School Age (6-12 years)   
Before  After  Before  After

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

School : \_\_\_\_\_ Bus #: \_\_\_\_\_

YMCA Family/Adult Member:  Yes  No Subsidy Requested:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment

Please provide either a void cheque or credit card information at the time of registration.

## Office Use Only:

Date of Submission: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_