



**YMCA OF THE ROSES  
2026 - 2027 SCHOOL YEAR  
CHILDCARE REGISTRATION FORM**

Email completed form to Stacie Shurock -sshurock@rosesymca.org

|                                |
|--------------------------------|
| <b>OFFICE USE:</b>             |
| Received: _____ Time: _____    |
| Entered: _____ Initials: _____ |

**1<sup>st</sup> CHILD'S INFORMATION - \$30 Registration Fee**

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

Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ Care Location: \_\_\_\_\_

My child will be attending: (if attending both before and after school care, please check both boxes) Grade: \_\_\_\_\_

Before School Care      After School Care      Both AM/PM      Allergies: \_\_\_\_\_ (as of 8/1/2025)

**2<sup>nd</sup> CHILD'S INFORMATION - \$20 Registration Fee**

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

Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ Care Location: \_\_\_\_\_

My child will be attending: (if attending both before and after school care, please check both boxes) Grade: \_\_\_\_\_

Before School Care      After School Care      Both AM/PM      Allergies: \_\_\_\_\_ (as of 8/1/2025)

**3<sup>rd</sup> CHILD'S INFORMATION - Free Registration**

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

Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ Care Location: \_\_\_\_\_

My child will be attending: (if attending both before and after school care, please check both boxes) Grade: \_\_\_\_\_

Before School Care      After School Care      Both AM/PM      Allergies: \_\_\_\_\_ (as of 8/1/2025)

**4<sup>th</sup> CHILD'S INFORMATION - Free Registration**

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

Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_ Care Location: \_\_\_\_\_

My child will be attending: (if attending both before and after school care, please check both boxes) Grade: \_\_\_\_\_

Before School Care      After School Care      Both AM/PM      Allergies: \_\_\_\_\_ (as of 8/1/2025)

| <b>PARENT/GUARDIAN INFORMATION</b> | <b>PARENT/GUARDIAN INFORMATION</b> |
|------------------------------------|------------------------------------|
| First Name: _____                  | First Name: _____                  |
| Last Name: _____                   | Last Name: _____                   |
| Date of Birth: _____               | Date of Birth: _____               |
| Primary Phone: _____               | Primary Phone: _____               |
| Alternate Phone: _____             | Alternate Phone: _____             |
| Address: _____                     | Address: _____                     |
| City/State/Zip: _____              | City/State/Zip: _____              |
| E-Mail: _____                      | E-Mail: _____                      |
| Employer Name: _____               | Employer Name: _____               |
| Job Title: _____                   | Job Title: _____                   |

**Payment Information:**      Call me to charge my card.      Charge card on File ending in: \_\_\_\_\_ (last 4 digits)

I understand that my child is not registered until this form along with payment has been received. A confirmation e-mail will be sent after processing the registration fee. **Registration fees are non-refundable.** Additional enrollment forms will be completed during my meeting with the Director.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date