

YMCA SUNSHINE CORNER PRESCHOOL

434 Main St., Red Wing, MN 55066

651-388-4724

Registration Form for 2016-2017

Age of your child by September 1, 2016 will determine the program

A \$30 non-refundable registration fee must be included.

Classes offered for children four or five years of age prior to September 1, 2016

Two Day Program

MORNING SESSION

TUESDAY & THURSDAY

_____ 8:45-11:15 AM

TUITION; YMCA Member: \$105 Month Program Participant: \$125 Month

Creative Pre- K

Three Day Program

_____ 12:30-3:30 Monday-Wednesday-Friday Afternoon

TUITION: YMCA Members \$145 Month Program Participants: \$165 Month

Classes offered for children three years of age prior to September 1, 2015

Two Day Program

Morning Session

Monday & Wednesday

_____ 9:00-11:00 AM

TUITION

YMCA Members \$113 Month

Program Participants: \$123 Month

One Day Program

Morning Session

Friday

_____ 9:00-11:00 AM

TUITION:

YMCA Members \$70 Month

Program Participants: \$80 Month

_____ Boy or Girl _____
Child's First Name Last Name Birth date

Address _____ Phone () _____

Mother & Father /Guardians: _____

_____ Check here if you need scholarship information _____ Member

YMCA Sunshine Corner Preschool

_____ is registered for _____

Parent Information:

Father— Name _____
Employer _____ Phone # _____
Cell Phone _____

Mother—Name _____
Employer _____ Phone # _____
Cell Phone _____

Parents—Divorced _____ Separated _____

Other members in your family _____

Day Care: Name _____ Address _____ Phone: _____

Emergency Information: TWO secondary contacts when parents are not available:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

Pick Up Information: List people other than parents who are authorized to pick up your child.

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

Physician: Name _____ Address _____ Phone _____

Dentist: Name _____ Address _____ Phone _____

List previous group experience: _____

Allergies: _____

Social, emotional, physical, or intellectual needs which our staff need to know:

In what way do you hope your child will benefit from participating in this program?

I give permission for my child's name to be placed on the class list. If I can not be reached in a medical emergency, I grant permission to the Sunshine Corner staff to seek the required medical treatment for my child at Fairview Red Wing Medical Center.

Parent/Guardian _____ Date _____