

## YMCA Child Development Center Application for Enrollment

For Center Use only:
Date Received:
Payment Rec'vd:
Cash/check #

Child's Name:	ne:Date of Birth, Expected due date, or Expected adoption date:				
Gender:	Sibling(	s) attending or applying:			
Enrollment plan desired (che	ck one): _	Full week care	Partial week care	First Available	
lf interested in a partial week	schedule,	please check desired option:	MWF	TTH	
Requested starting date:		· · · · · · · · · · · · · · · · · · ·			
Name of center child current	ly enrolled	in:			
Parent/Guardian Name:			Social	Security Number:	
Custodial Parent?	les	No (Non-parent guardians n	nust submit quardian	ship papers)	
	Work phone: Cell phone:				
Address:		·		_ '	
City:	Zip:				
Parent/Guardian Name:			Social	Security Number:	
Custodial Parent?	/es	_No (Non-parent guardians n	nust submit quardian	ship papers)	
		Work phone: Cell phone:			
Address:		Zip	·:		
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## YMCA Child Development Center Application Process

A family can apply for enrollment and/or enter a child on the waiting list by completing an application (one application per child) and submitting a \$25.00 non-refundable application processing charge. Completion of the application <u>does not</u> guarantee enrollment. Families are encouraged to place their children on the waiting list as soon as possible, even in anticipation of a need (i.e. children not yet born).

When a family is offered priority for enrollment, they will be given 2 business days to confirm by submitting the \$100 non-refundable registration fee and the \$150.00 non-refundable materials fee. A family that declines the slot shall be provided written verification that the slot was denied and will be moved to the end of the list should they desire to remain on the list. Families will be asked to update the application annually, but will not be required to pay a reapplication processing charge.

Priority for eligibility is given according to the following guidelines:

- 1. Children of YMCA CDC Staff
- 2. Children of families currently attending (i.e. siblings)
- 3. Children of YMCA of the Capital Area staff & volunteers
- 4. Children of the community

certify that the information on this request is correct to the best of my Knowledge. I hereby give permission for this information to be verified by the YMCA and the YMCA Child Development Center. Falsified information may result in the loss of eligibility for the services provided by the YMCA Child Development Center.							
Signature of Applicant	Date						
Mail Completed application and a non-refundable proc	essing charge of \$25.00 (payable to YMCA CDC) to:						

Mail Completed application and a non-refundable processing charge of \$25.00 (payable to YMCA CDC) to: YMCA Child Development Center 350 S, Foster Dr. Baton Rouge, LA 70806

We Build Strong Kids, Strong Families, Strong Communities