

## YWCA in cooperation with Huron Township Schools YWCA HURON KIDS ZONE

## Before & After School Program at Sunnyside Early Childhood Center

The YWCA Kid's Zone Enrichment Program offers before and after care during the school year as well as (selected) half days, in-service days. Program includes supervised games, sports, reading, crafts, enrichment days, science, homework assistance, and a daily afternoon snack. Transportation to and from the child's school is provided by the school district and must be arranged through the school district by the parent.

## **Registration Form 2021/22**

I wish to enroll my child in the YWCA Kid's Zone Before & After School Care Program:

| Morning starting at 6:30  | Morning starting at 6:30 AM |   |         | \$9 per day |   |  |
|---------------------------|-----------------------------|---|---------|-------------|---|--|
| Please indicate schedule: | М                           | Т | W       | Th          | F |  |
| Afternoon ending at 6:00  | ) PM                        |   | \$10 pe | er day      |   |  |
| Please indicate schedule: | М                           | Т | W       | Th          | F |  |
| Special Requirements      |                             |   |         |             |   |  |

\*\*\* Tuition is due every Monday, our new policy states that we will no longer be providing monthly statements or year-end totals. Please keep all of your receipts.
\*\*\*Failure to pay will result in your child's termination from the program.

Registration Fee: \$60 non-refundable (per child) for new enrollments / \$35 non-refundable (per child) for returning families and a completed enrollment packet MUST be received by the YWCA BEFORE child(ren) can attend the program. Registration packets will be sent by e-mail (if available).

Please complete the form below and return with registration/membership fees to YWCA 24820 Merriman Road New Boston, MI 48164. For more information or questions please call Ian Robinson or Shelly Bergmooser at 734-782-1162 ext. 6616

Parent Signature: \_\_\_\_\_

\*\*\* By signing this you understand the terms to our new policy regarding monthly statements, year-end totals and tuition due dates.

Requested Start Date \_\_\_\_\_

| Student Name          |              |          |           |  |
|-----------------------|--------------|----------|-----------|--|
| Student Name          |              |          |           |  |
|                       |              |          |           |  |
|                       |              |          |           |  |
| Complete Address      |              |          |           |  |
|                       |              |          | Cell      |  |
| Age Birth o           | late **Pare  | nt Email |           |  |
| Grade*                | **School     |          |           |  |
| *Special Instructions | Allergies    |          |           |  |
| Registration Paid     | Tuition Paid | Check #  | Receipt # |  |
| Enrollment Packet Re  | turned       |          |           |  |

*Rev.5/21/21*