



YMCA Child Development Center Application for Enrollment

Child's Name: _____ Date of Birth, Expected due date, or Expected adoption date: _____

Gender: _____ Sibling(s) attending or applying: _____

Enrollment plan desired (check one): Full week care Partial week care First Available

If interested in a partial week schedule, please check desired option: MWF TTH

Requested starting date: _____

Name of center child currently enrolled in: _____

Parent/Guardian Name: _____ Social Security Number: ____-____-____

Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers)

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____

City: _____ Zip: _____

Email: _____

Parent/Guardian Name: _____ Social Security Number: ____-____-____

Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers)

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____

City: _____ Zip: _____

Email: _____



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 does not 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 \$75.00 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*

I 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 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