



2017 – 2018 Childcare Services Application  
Lincoln KINDERGARTEN Students



Child's Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Estimated Drop Off Time: \_\_\_\_\_ / Pick-Up Time \_\_\_\_\_

Please provide us with a preferred E-Mail Address that you would like us to use to contact you:

\_\_\_\_\_ Contact Name: \_\_\_\_\_

**\*\*REGISTRATION FEE OF \$35.00 IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE\*\***



All Lincoln Childcare Registrants will receive a Full Privileged Youth Membership  
Sept 2017 to June 2018 as long as they remain in our childcare program

Choose a Program:

**EARLY RISERS ONLY**

5 DAYS \_\_\_\_\_ \$31

3 DAYS \_\_\_\_\_ \$26

2 DAYS \_\_\_\_\_ \$17

**AFTER SCHOOL ONLY**

5 DAYS \_\_\_\_\_ \$61

3 DAYS \_\_\_\_\_ \$51

2 DAYS \_\_\_\_\_ \$34

**EARLY RISERS & AFTER SCHOOL**

5 DAYS \_\_\_\_\_ \$81

3 DAYS \_\_\_\_\_ \$68

2 DAYS \_\_\_\_\_ \$45

If choosing a partial week please specify which days your child will be attending. You will be responsible for payment for these days regardless of attendance. There are no discounts for holidays or illness.

Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

I have received a copy of the MacColl YMCA Parent Handbook \_\_\_\_\_

(Parent / Guardian Signature)

Office Use:	_____ Start Date	_____ Physical / Immunization Record
	_____ Processed by	_____ Date Processed _____ Member ID#