



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ross Valley • Kindie Extended Care Form

Child's Name _____

M F Age _____ Home Phone _____

Home Address _____ City _____ Zip _____

Grade _____ School _____ Room Number _____

Responsible Adult Information:

Name _____ Phone (W) _____ Phone (Cell) _____

Relationship _____ Email Address _____ Birthdate _____

Name _____ Phone (W) _____ Phone (Cell) _____

Relationship _____ Email Address _____ Birthdate _____

Program Schedule

12:00–2:00 p.m. Fee

Monday, August 22..... \$15

Tuesday, August 23 \$15

Wednesday, August 24..... \$15

Thursday, August 25 \$15

Friday, August 26 \$15

Monday, August 29..... \$15

Tuesday, August 30 \$15

Wednesday, August 31..... \$15

Thursday, September 1 \$15

Friday, September 2 \$15

Thank you for choosing the YMCA Child Care program. We are very excited to provide care for your child.

During the first 2 weeks of school all Kindergarten children attend school from 8:30–12:00. The YMCA After School Program normally does not officially operate until 1:55. We have created a special program to better serve our families for this early dismissal period. If your child needs care, please check the appropriate boxes on the left. Due to staff/child ratio we must receive a two week notice for changes to this schedule.

Thanks again and welcome!

OFFICE USE ONLY:
Total Number of Days _____ Total Paid _____
Total Cost _____ Ceck Number _____
FA or Agency _____ Credit Card Number _____
Site Director's Initials _____