



**Gateway Child Development Center**

Peninsula Family YMCA  
 a branch of the YMCA of San Francisco  
 559 Gateway Blvd.  
 South San Francisco, CA 94080  
 P (650) 873-8145 F (650)871-7815  
 www.ymcasf.org/peninsula

**Child Care Registration Application**

**Child's schedule:**

➤ Child drop-off time: \_\_\_\_\_ Child pick up time: \_\_\_\_\_

➤ Requested Start Date: \_\_\_\_\_

Would you like to be contacted if a spot becomes available before your request date? Y/N

**Participant Information:**

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

Preferred Name (Nickname) \_\_\_\_\_

Birthday \_\_\_\_\_ Current Age \_\_\_\_\_

**Registration Information:**

**Monthly Fees\*: 5 Full Days**

- Infant (3 months – 24 months) \$1,588 \_\_\_\_\_
- Toddler (over 2 years – 3 years) \$1,349 \_\_\_\_\_
- Preschool (3-5 years) \$1,107 \_\_\_\_\_

*Note: The Child Care fee includes a family membership to the Peninsula Family YMCA. Family membership will start upon the first day of the child's start date.*

*\* Tuition rates are subject to change with 30 days notice.*

**Membership & Deposit**

\_\_\_ I am including a full month deposit of \$\_\_\_\_\_  
 (the deposit is the same amount as the monthly fee which will be used for the last month of care. If for any reason parents decide to terminate their child care slot, a full tuition reimbursement will be given providing a 30 day notice in writing is given to the Child Development Director).

\_\_\_ I am applying for the wait list\*\*. I am including a non-refundable fee of \$100. If registered, this \$100 deposit will be applied to your first month's dues.

**\*\*Waitlist does not guarantee a space will be available in the Child Development Center. Priority is given to corporate partners and siblings of enrolled students.**

**How did you hear about Gateway Child Development Center? (Check all that apply)**

- \_\_\_ Word of Mouth
- \_\_\_ Newspaper/Magazine Ad
- \_\_\_ City of SSF Website
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_ Community Event
- \_\_\_ Employer
- \_\_\_ YMCA website

**Parent/Guardian Information:**

\_\_\_\_\_  
Name: Parent/Guardian #1      Birth date

\_\_\_\_\_  
Name: Parent/Guardian #2      Birth date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Parent #1 – Street Address

\_\_\_\_\_  
Parent #2 – Street Address

\_\_\_\_\_  
City                                  State/Zip

\_\_\_\_\_  
City                                  State/Zip

\_\_\_\_\_  
Driver License #

\_\_\_\_\_  
Driver License #

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile/Pager

\_\_\_\_\_  
Mobile/Pager

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Business Phone      Ext.

\_\_\_\_\_  
Business Phone      Ext.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Person(s) legally responsible for custody if different from above:  
\_\_\_\_\_

**Registration/ Financial Agreement:**

Registration Packets must be completed before your child can start in the program. If you choose to cancel registration after acceptance, a one month written notification to Peninsula Family YMCA is required.

*I have read the above information and the Parent Handbook. I agree to the conditions and terms of the Child Care Program.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For office use only:

Application received by: Staff initials _____ Date received _____ Time received _____	Membership: Member # _____ Exp. _____	Method of Payment: Cash \$ _____ Check # _____ / \$ _____ Credit Card \$ _____ Bank Draft    yes FA % _____	Registered by: Staff initials _____ Today's date _____ Start Date _____
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