

HALE YMCA HYBRID CARE

Interest Form

Participant Information

Participants Name: _____

Age: _____ Gender: _____ Date of Birth: _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School Information

School Attending: _____

Grade: _____ Teacher: _____

Day(s) of Week (Please check)

	Mon.	Tue.	Wed.	Thurs.	Fri.
Hybrid Care Program – 8AM - 4PM (\$40/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care Program – 4PM - 6PM (\$10/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have multiple children I would like to enroll.

Number of Participants I'm Enrolling: _____

Participant's Ages: _____ / _____ / _____ / _____

Participant's Grades: _____ / _____ / _____ / _____

Interest Form

Upon completing this Interest Form and returning it to the Hale YMCA Youth and Family Center, you will then begin your registration for the Hybrid Care Program. Once registered, you will be required to pay the one-time \$25 Registration Fee and 1st week's payment for Hybrid Care. After you have completed the registration process, you will receive your parent informational packet. Child must be active member of the YMCA. YKids Membership is \$20/month.

Please return this form to Hale YMCA or email a copy to:

abigail.poirier@ghymca.org

For more information or questions, contact Abby Poirier at

860.315.9622 ext. 107