



Greater Providence YMCA

Interest List Admission Form

When complete, email this form to Samantha McCormack: smccormack@gpymca.org

*Desired Start Date _____

Child Information

First Name _____ Middle _____ Last Name _____

Nickname _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Racial/Ethnic Identity (confidential; used for grant proposals)

Check all that apply:

White

Black or African American

Asian

Native American

Hispanic or Latino

Multiracial/Other

Cape Verdean

Child's Identifying Information (optional; for emergency use only)

Sex _____ Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Identifying Marks _____

Parent/Guardian 1

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____

Email _____

Place of Employment _____ Occupation _____



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Parent/Guardian 2

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____

Email _____

Place of Employment _____ Occupation _____

Days/Hours of Work _____

Parents' Marital Status

Married _____ Divorced _____ Separated _____ Widow _____ Single _____

Guardianship Status

Guardian _____ Foster Parent _____

Are there any court orders, decrees, or agreements regarding the child's custody or physical possession?

YES _____ NO _____ If yes, you will be asked to provide additional information.

Parent/Guardian Signature _____ Date _____



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Rates Summary

Rates for Infant, Toddler, and Pre School programs. Confirm details with your center if needed.

Infant — Weekly (Single Rate)

Schedule	Rate
5 DAY	\$365
3 DAY	\$230
2 DAY	\$160

Toddler — Weekly (Member & Non-Member)

Schedule	Member	Non-Member
5 DAY	\$305	\$380
3 DAY	\$195	\$240
2 DAY	\$135	\$165

Pre School — Weekly (Member & Non-Member)

Schedule	Member	Non-Member
5 DAY	\$275	\$345
3 DAY	\$185	\$225
2 DAY	\$135	\$165