



## Greater Providence YMCA

Interest List Admission Form

When complete, email this form to Samantha McCormack: [smccormack@gpymca.org](mailto: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 \_\_\_\_\_



the

# BRIGHT BEGINNINGS START HERE.

## 2025-2026 RATES

## AT THE MOUNT HOPE CHILDCARE CENTER

### INFANT

#### 5 DAY

\$391

#### 3 DAY

\$246

#### 2 DAY

\$171

### TODDLER

#### 5 DAY

\$326

#### 3 DAY

\$209

#### 2 DAY

\$144

MEMBER

NON-MEMBER

\$407

\$257

\$177

### PRESCHOOL

#### 5 DAY

\$294

#### 3 DAY

\$198

#### 2 DAY

\$144

MEMBER

NON-MEMBER

\$369

\$241

\$177