



Y-Member  Non-Member

**The Richmond Family YMCA  
Application Form- Cambridge City YMCA Y-Care**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Attends Western Wayne Pre-School? If so, what days and times? \_\_\_\_\_

Parents(s) or Guardian(s) with whom child lives: \_\_\_\_\_

Father's Name \_\_\_\_\_


Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

 \_\_\_\_\_ Date \_\_\_\_\_

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

**Please answer the questions below:**

Are you a Sugar Creek Employee? \_\_\_\_\_

Are you a Western Wayne Employee? \_\_\_\_\_

Are you a YMCA member? \_\_\_\_\_

What type of care are you looking for?

Part Time Care (1-3): \_\_\_\_\_

Full Time Care (4-5 days per week): \_\_\_\_\_

**Notice of Electronic Funds Transfer**

An Electronic Funds Transfer Form (EFT) **MUST** be filled out to participate in the program. You will be invoiced Fridays according to your rate, and the withdrawal will happen on Mondays, unless in the case of a holiday. Then, it will be taken the next business day.

***Child Care rates are on the attached page***

**\*This is the application form only. Upon acceptance into Western Wayne Child Care, you would need to fill out the complete registration packet.**