



**Pittsfield Family YMCA**  
**292 North Street**  
**Pittsfield, MA 01201**  
**413-499-7650**

**FOR YOUTH DEVELOPMENT**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

## **Herberg and Reid After-School Program New Student Form**

**-Please fill this form out for each participating child. To register bring it to the Y or to the first day of the program which is located in the school cafeteria at 2:30 p.m..**

Child's First and Last Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**School-Age Locations:**  Reid  Herberg

All Year Enrollment

**Days of Attendance:** (Please be specific.)

Monday  Tuesday  Wednesday  Thursday  Friday

Specific Weeks

Please List \_\_\_\_\_

**Schedule Comments:** \_\_\_\_\_

### **Payment Type:**

Daily Fee: \$ 2 # of days per week \_\_\_\_\_

Weekly Fee: \$ 7

We request that you pay Two-Week Advance: \$ \_\_\_\_\_

Confirmed Initial \_\_\_\_\_

### **Dismissal Information**

My child is allowed to leave the program without an adult to travel home (circle one): Yes No

My child is allowed to take the late bus (circle one): Yes No

If **Yes** circle which days? **M T W TH F**

### **AGREEMENT**

Initial payment is required for two-week's in advance. Payment is expected by the last Friday of every month. Failure to make a payment may result in the termination of your child's participation in our program.

**Parent/Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please bring this form to the YMCA located at 292 North street

### **FOR OFFICE USE ONLY**

Daxko  Weekly Billing  Folder (Michelle Kettler)