



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REQUEST FOR ADMISSION

Early Learning:

CHILD'S NAME: _____ DATE OF BIRTH: _____
(or mother's due date)

CHILD'S NAME: _____ DATE OF BIRTH: _____

DESIRED DATE OF ADMISSION: _____

Is your child toilet trained? YES NO

School Age:

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

DESIRED DATE OF ADMISSION: _____

What school does your child attend? _____

Contact Information:

Name: _____ Relationship: _____

Phone: _____ Address: _____

Email Address: _____

COMPLETION OF THIS FORM DOES NOT GUARANTEE ADMISSION. ADMISSION IS BASED ON AVAILABILITY.

WHEN COMPLETE DROP OFF AT YDC OR EMAIL TO YDCFRONTDESK@ABERDEENYMCA.ORG

When a spot becomes available, you will be informed of an opening based on your position on the waitlist and will then have **48 hours** to accept or decline. If you wish to accept, you must guarantee your spot with a deposit that is held and applied to the first two weeks of tuition. When a start date is set, charges will begin on that day.

OFFICE USE:	
Date received:	Classroom:
Informed of admission:	Deposit paid / paperwork given:

