Interest in Full or Future Program

*Complete & Email to info@tritownymca.org*

Today’s Date

School \_\_\_\_

Parent’s Full Name ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_

Email (required)

Child(ren)’s Full Names & Ages \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before or After School? Circle: **Before After**

Which days are you interested in? Circle: **M T W Th F or Varies**

Please be aware if you are interested in receiving financial assistance, the application and documentation must be submitted to us now. If not, you will be responsible for the full rate until received and approved, and financial assistance will not be retroactive.