



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

CHILD'S NAME:  
\_\_\_\_\_

# SACC School Age Child Care Before & After School Care

Middle School Program  
**2010-2011**

**Ponus Ridge ♥ West Rocks**  
(Circle your child's school above.)

After School ♥ Early Dismissal

We are pleased that you have chosen our program for your childcare needs. Please complete the attached Registration Packet and return along with:

- ♥ **Health Forms\***
  - Current Physical Exam\*
  - Current Immunization Record\*
- ♥ **\$75.00 Registration Fee\***
- ♥ **Free Youth General Membership**
- ♥ **Bank Draft Information\*** Authorization Form & Voided Check

*\*All the above due at time of registration. Registration fee is NON-refundable.  
Sorry, as a licensed program we cannot accommodate "swapping"  
of days on part-time schedule days.  
Additional days may be added on a space-available basis.  
Please contact the Norwalk Y if you wish to increase your child's schedule.*

<b>CHILDCARE FEES: 2010-2011</b>	
My Child will attend the _____	School site
<p><b><u>5 Days per week:</u></b></p> <p>\$225 per month</p> <p><b><u>4 Days per week</u></b> (Circle days) <u>  </u> M T W TH F</p> <p>\$200 per month</p> <p><b><u>3 Days per week</u></b> (Circle days) <u>  </u> M T W TH F</p> <p>\$175 per month</p>	<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p><b>START DATE:</b></p> </div>