

Cape Ann YMCA
Early Release Day
Thursday, March 18th

NAME _____

ADDRESS _____

D.O.B. _____ HOME PHONE _____

PRICES:

Weekly After School Participants: \$30

YMCA Members: \$40

Community: \$55

Total Amount Due Upon Registration: _____

Please add this amount to my e-pay account _____

IN THE EVENT OF AN EMERGENCY AND I CANNOT BE REACHED, I GIVE PERMISSION TO THE STAFF OF THE YMCA TO SECURE THE PROPER MEDICAL TREATMENT FOR THE ABOVE-NAMED.

PARENT/GUARDIAN SIGNATURE

DATE

Day time phone # _____