



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# DROP OFF CHILD CARE

At the Oswego YMCA *Play and Learn Center*

Ages 3 Months—12 Years Old

Choose one, two, or three hours!

**Monday-Saturday 8:30am-1:00pm**

**Monday-Thursday 4:00-7:30pm**

**Members: \$4 per hour per child**

**Non-members: \$6 per hour per child**

\*Non-refundable payment is due in full at the time of registration.

Date: \_\_\_\_\_

Number of hours: \_\_\_\_\_ Number of children: \_\_\_\_\_ Time of drop-off: \_\_\_\_\_

*Note: if you are more than 10 minutes late to pick up your child(ren), you WILL be charged for an additional hour. **There is a strict three hour maximum that we must adhere to by law.***

Total Due \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

## **\*PLEASE FILL OUT CHILDRENS' INFORMATION ON THE BACK OF THIS FORM\***

Please send each child with a labelled water bottle, an extra change of clothes, and a quick, healthy snack. Snack time is 10:30am and 5:30pm.

**DUE TO SEVERE ALLERGIES WE ASK YOU NOT BRING  
SNACKS WITH ANY NUT PRODUCTS.**

Name of Parent/Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ **Please circle the number to call first.**

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

I allow the YMCA to use my photograph/my child's photograph for publicity and marketing purposes.

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

# CHILDRENS' INFORMATION

Please completely fill out the following:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Special health needs/allergies/special requests (we will do our best to accommodate):

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