



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2 Year Old Play Group

This is a semi-structured group for 2 year olds.

Activities include, but are not limited to:

Playtime

Craft/Art time

Reading Time

Structured Activity (introducing shapes, colors, counting, etc.)

Snack

Music

Mondays 9:00-10:30, September – May

\$333 per child for 26 weeks

****See the front desk for more details.**





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2-Year Old Play Group Information
2019-20 Pricing
\$333/per child

No student will be registered or paperwork taken unless payment option is determined and payment made. If using automatic monthly withdrawal, September's payment is required to assure placement.

Three payment options:

1. Year paid in full by September 10th
2. The balance paid in two payments, one due by September 10th, the other by January 7th
3. Automatic monthly withdrawal on the 15th of the month
(October-May to be drafted, September must be paid at registration, \$37)

Class Time: Mondays 9-10:30 am

Class Dates:

September 16, 23, 30
October 7, 21, 28
November 4, 18, 25
December 2, 9, 16
January 6, 13, 27
February 3, 10, 24
March 2, 9, 16, 23, 30
April 6, 27
May 4

Please make sure your child is dressed to play, inside and/or out, and to possibly get dirty or messy.

YMCA PLAYGROUP REGISTRATION FORM

Child/Family Information

PLEASE PRINT CLEARLY

Child's Name: First: _____ Last: _____

Date of Birth: ___/___/___ male female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____

Email: _____

In case of an emergency, which parent/guardian listed should we contact first?

Mother Father

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Home: () _____ Home: () _____

Work: () _____ Work: () _____

Other: () _____ Other: () _____

Alternative Contact: Please provide the names of people we can contact in the event we cannot reach you.

Name: _____ Home Phone: _____

Relationship to child: _____ Alternative Phone: _____

Name: _____ Home Phone: _____

Relationship to child: _____ Alternative Phone: _____

Name: _____ Home Phone: _____

Relationship to child: _____ Alternative Phone: _____