



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

Today's Date: \_\_\_\_\_

## HHS/ED Children's Center Waiting List Form

<b>Part I Participant Information</b>				
<b>Child's Full Name</b> (First, Middle, Last)	Nickname	Birth Date (Month/Day/Year)	Expected DOB	Sex
Street Address	City	State	Zip	
Home Email	Home Phone:		Desired Start Date:	
<b>Part II Parent / Guardian Information</b>				
<b>Parent/Guardian #1 Name</b> (First, Last)			Employer Info. (Company Name)	
Email	Home Phone	Cell Phone	Work Phone	
<b>Parent / Guardian #2 Name</b> (First, Last)			Employer Info. (Company Name)	
Email	Home Phone	Cell Phone	Work Phone	
<b>Part III Notes</b>				
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<b>Part IV (FOR OFFICE USE ONLY) Priority:</b>		
<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>
<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>
<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>
<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>	<u>Date and method of Contact:</u>

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

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

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

**Part IV (FOR OFFICE USE ONLY) Payment Information**

**PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW  
(Please Check Method of Payment)**

**CREDIT CARD AUTHORIZATION**

I authorize the YMCA to charge my credit card for the waiting list fee

_____	_____	AMEX	MC	VISA	DISCOVER
NAME AS IT APPEARS ON CARD	CARD ISSUER				
_____	_____	_____			
CREDIT CARD NUMBER	EXP. DATE	SIGNATURE OF CARD HOLDER			
BILLING ADDRESS OF CARDHOLDER: _____					
CITY: _____		STATE: _____	ZIP: _____		