



Y PRESCHOOL

Preschool Registration 2007-2008

**Y Finksburg Center
Chipmunks Preschool**
 Sandy Mount United Methodist Church
 2101 Old Westminster Pike
 Finksburg, MD 21048
 410-848-2772 or 410-848-3660 (x300)

To register your child for the 2007-2008 school year, please fill out the form below and include your non-refundable \$60 registration fee and one month's tuition deposit. This deposit will be applied to your last payment for May, 2008. Applications and fees may be turned in or mailed to the Chipmunks' Pre-School at **Y of Central Maryland, 1719 Sykesville Road, Westminster, MD 21157, attention Cheryl Rosendahl.**

Registration is on a first come, first serve basis. If you have any questions, please contact Cheryl Rosendahl, Y Chipmunks Director, at **410-848-2772** or at **410-848-3660 (x300)**.

Child's Name _____ Date of Birth _____ Gender _____

Address _____

Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Work Phone:	Work Phone:
E-mail Address:	E-mail Address:

CLASS CHOICE	CLASS TYPE	TIME	FAMILY MEMBER RATE/MONTH	NON-MEMBER RATE/MONTH
	Two yr. olds- Fridays	9:15-11:15	\$65	\$80
	Two yr. olds-Mon/Wed	9:15-11:15	\$115	\$125
	Two yr. olds-Tues/Thurs	9:15-11:15	\$115	\$125
	Three yr olds-Tues/Thurs	9:15-11:15	\$115	\$125
	Three yr. olds-M/W/F am	9:15-11:15	\$140	\$150
	Three yr olds-M/W/F pm	12:30 -2:30	\$140	\$150
	Pre- K 4 yr olds-M/W/F am	9:00-11:30	\$150	\$160
	Pre- K 4 yr olds-M/W/F pm	12:30-3:00	\$150	\$160
	Pre- K 4 yr olds MON-FRI am	9:00-11:30	\$180	\$195
	Pre- K 4 yr olds MON-FRI pm	12:30-3:00	\$180	\$195

By signing this registration form I give permission for my child to go on local field trips (with notice). I also give permission for the Y of Central Maryland to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting Y programs. Make all checks payable to **Y of Central Maryland** and make a copy of this form for your records.

Parent Signature: _____

_____ I understand that the registration fee and one month tuition payment are non refundable.

Tuition Deposit of \$ _____ PLUS \$60 Registration Fee = \$ _____ Due at Time of Registration

How did you hear about us? _____