

CM = Community Member



Our Preschool Plus program is operated by licensed professionals and serves preschool-aged children who need all-day care. Parents have the option to enroll in both Preschool and Preschool Plus. Children enrolled in Preschool Plus must bring a cold-style lunch and two snacks. No microwaves available.

Preschool Plus + Preschool are premiering exciting new lessons this year!

SCHOLARSHIP **OPPORTUNITIES**

Those not able to pay the full fee may be awarded scholarship based on the demonstrated ability to fund the subsidy.

Applications must be submitted one week prior to the regular registration deadline.

PRICING	М	CM	M	CM	M	CM
3-DAY>	\$179	\$196	\$215	\$236	\$472	\$492
4-DAY>	\$238	\$261	\$279	\$351	\$572	\$592
5-DAY>	\$298	\$327	\$386	\$396	\$772	\$792
	L 5 HOURS J		└ 6 HOURS ┘ 12pm-6pm		└ FULL DAY ┘	

M= Member

Preschool Plus Registration:

Please circle and note your care choices below.

MONDAY	FROM:	TO:
TUESDAY	FROM:	TO:
WEDNESDAY	FROM:	TO:
THURSDAY	FROM:	TO:
FRIDAY	FROM:	TO:

PAK	IIIME	
5 OR 6	HOURS.	

FULL TIME 6 HOURS OR MORE.

Participants must pick one of the half day options in order to participate in the half day program.

	IONDAI	i kom	. 10.		Any care given beyond 6	5 hours will be charged at the full time rate
TU	UESDAY	FROM	: TO:		Please initial here:	
W	EDNESDAY	FROM	: TO:			
TI	HURSDAY	FROM	: TO:			2
FF	RIDAY	FROM	: ТО:			
Name:	:				Boy Girl G	
\ge:_	Date of b	irth: H	Home Address:			
ity:_	St	ate:	Zip:	Email:		
othe	r/Guardian:_			Work Ph	one:	
				Cell Pho	ne:	☐ Y Member
ather	/Guardian:			Work Ph	one:	☐ Community Member
PARENT/GUARDIAN AGREEMENT:		Cell Phone:		☐ Community Member		

I hereby certify that the above named child is in normal health and capable of participating safely in the YMCA Preschool Plus Program. In case of sickness or accident, the YMCA staff has my authorization to obtain, at my expense, necessary medical attention if unable to communicate with me directly. I understand, for myself, my heirs and assigns, do hereby release the YMCA of Pueblo, its employees and agents from any and all claim for injury, death, loss or damage I may suffer as a result of my child's participation. I give my permission for my child to be included in any photos that may be taken by the YMCA staff or local newspaper staff or filming done by local television stations without any obligation to me.

Signature:	Date:
Submit to: 3200 E. Spaulding Ave. Pueblo, CO 81008 (719) 543–5151 ext. 263	

TOTAL PAID: \$ -OFFICE USE-**PAYMENT ID:** DATE: