



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



+ Preschool Plus +

**YMCA OF PUEBLO**

[puebloymca.org](http://puebloymca.org)

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

M= Member

CM = Community Member

3-DAY ›

4-DAY ›

5-DAY ›

	M	CM	M	CM	M	CM
3-DAY ›	\$189	\$206	\$225	\$246	\$482	\$502
4-DAY ›	\$248	\$261	\$289	\$361	\$582	\$602
5-DAY ›	\$308	\$337	\$396	\$406	\$782	\$802
	└ 5 HOURS ┐ 7am-12pm		└ 6 HOURS ┐ 12pm-6pm		└ FULL DAY ┐	

**PART TIME**  
5 OR 6 HOURS.

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

**FULL TIME**  
6 HOURS OR MORE.

Any care given beyond 6 hours will be charged at the full time rate.

Please initial here: \_\_\_\_\_

### 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:

Name: \_\_\_\_\_

Boy ☐ Girl ☐

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### PARENT/GUARDIAN AGREEMENT:

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



☐ Y Member

☐ Community Member