



Sage YMCA of Metropolitan Chicago
Full Day Preschool
Registration Form 2019-2020

Child's Name _____
(last) (first) (preferred name)
Birth Date _____ Sex _____ Home Phone _____
Home Address _____
City _____ State _____ Zip _____
Parent/Guardian #1 _____
Work Phone _____ Cell Phone _____
Parent/Guardian #2 _____
Work Phone _____ Cell Phone _____
Email _____

.....
4 days per week: (SACCPREDAY1)

Full day year round preschool w/swim & gym

_____ Full Member \$810/mo. _____ Non-Member \$890/mo.

5 days per week: (SACCPREDAY1)

Full day year round w/swim & gym

_____ Full Member \$965/mo. _____ Non-Member \$1060/mo.

\$50 non-refundable standard registration fee is required.

Must be 3 years old at time of attendance

Full Day Preschool Program Dates: 8/21/19 to 5/29/20

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(FRONT DESK ONLY)

Member ID Number: _____

Registration Fee Paid: _____ Date Paid: _____

Initials: _____