



Application for Enrollment

YMCA Children's Center @ Carol Woods

7511 Sunrise Road
Chapel Hill, NC 27514
919-960-5859
Email: lhart@chcymca.org



A \$35 non-refundable Application Fee must accompany this form.

Date of Application _____

Desired Start Date _____

First Name: _____ Last Name: _____ DOB: ___/___/___ Address: _____ City: _____ State: ___ Zip: _____ Gender: ___ Language Spoken (if not English) _____ Toilet-trained? _____	Child's Information
First Name: _____ Last Name: _____ DOB*** ___/___/___ Home Phone #: _____ Work #: _____ Cell #: _____ Email: _____	Mother/Parent#1/ Guardian Info
First Name: _____ Last Name: _____ DOB*** ___/___/___ Home Phone #: _____ Work #: _____ Cell #: _____ Email: _____	Father/Parent#2/ Guardian Info

*** One parent or guardian's date of birth (DOB) is required to place child on waiting list.

Are you a Carol Woods Resident/Employee? _____ YMCA Employee? _____ How did you hear about us? _____ _____	Misc. Info
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When a space is available in the center and a start date for your child is confirmed, the enrollment fee (including the program fee and tuition deposit) is due and payable to retain the space.

Tuition and fees are subject to yearly review and increases.

For Office Use Only: Receipt # _____ Amount: _____ Date: _____ Staff: _____
