



344 East 14th Street, New York, NY 10003  
(212) 780-0800 www.14StreetY.org

### Half Day Registration Form

The 14th Street Y Afterschool Program offers coverage during public school half days. **All children attending the half day should bring their own lunch and a drink in a plastic container.** Please do not send glass containers, or anything with peanuts. In order for a half day program to occur, a minimum of 4 students must register. Feel free to call Chloe Markowitz with any questions at 646-395-4356.

Today's date \_\_\_/\_\_\_/\_\_\_ Date of Half Day \_\_\_/\_\_\_/\_\_\_

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

If you are NOT enrolled in the Afterschool Program, please fill out the following:

**\* An up to date medical form is required to participate in this program.**

Home #(s) \_\_\_\_\_ Work #(s) \_\_\_\_\_

Cell/pager #(s) \_\_\_\_\_ Emergency Contact #(s) \_\_\_\_\_

Child's allergies/medical restrictions \_\_\_\_\_

Special information (fear of water, behavioral concerns, etc.) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School child attends \_\_\_\_\_ Child's age/grade \_\_\_\_\_

#### All Registrants: Please fill out this section completely

I will pay the following: Half Day (11:30 AM - 3:00PM)

\_\_\_\_\_ **Member \$40** \_\_\_\_\_ **Non-Member \$45**

2. The following is my preferred method of payment (please check):

\_\_\_\_\_ **Cash** - must be paid in person. Date \_\_\_\_\_

\_\_\_\_\_ **Check** - may be paid in person or mailed with this sheet. # \_\_\_\_\_

\_\_\_\_\_ **Credit Card** - may be paid in person, via telephone, or mailed with this sheet.

Visa or MC (circle one) # \_\_\_\_\_ Exp. \_\_\_\_\_

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

\_\_\_\_\_ **YM-YWHA Credit Certificate** – must be paid in person.

Amount to be charged: \$ \_\_\_\_\_

PARENT'S NAME (Please Print) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

If you would like for us to keep this form on file so we can easily register your child for future half days from their school, please sign here.

PARENT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_



*\*note\* You must authorize payment by either phone or email for each upcoming half day.*