Kings Bay YM-YWHA
3495 Nostrand Avenue Brooklyn N.Y. 11229
718-648-7703 EXT. 223

Parent & Me

CHILD'S NAME: _____

GENDER: (circle one) **M or F** **DATE OF BIRTH:** ___/___/____ **AGE:** _____

HOME ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE**_____

MOTHER'S NAME: _____ **NUMBER:** (_____) _____

FATHER'S NAME: _____ **NUMBER:** (_____) _____

EMERGENCY CONTACT: NAME: _____

NUMBER: (_____) _____ **RELATIONSHIP TO CHILD:** _____

MEMBERSHIP: ❑ **YES** ❑ **NO** **IF YES, EXPIRATION DATE:** _____

HOW DID YOU HEAR ABOUT US? _____

******PLEASE LIST ALERGIES IF ANY:** _____

SEMESTER #1 Sept 18-Dec 11	FEE 12 sessions	PAYMENT AMOUNT
SUNDAYS 10:00 – 11:30AM	**Regular fee:** $250 **Membership fee:** $220	

PAYMENT INFORMATION

❑ **CHECK / CASH: $**_____
Amount *(Please make payable to Kings Bay Y)*

❑ **CREDIT CARD:** _____
Type *(Visa or MasterCard only)* Credit Card Number Expiration Date

_____
Name as it appears on card Signature

❑ *I give permission to the Kings Bay Y to take photographs to be used on promotional materials and I release the Kings Bay Y from any claims that may result from the pictures taken on or after this date.*

Signature: _____ **Relationship:** _____ **Date:** _____

PLEASE BE AWARE THAT THERE WILL BE **ONE MAKE UP** DATE AFTER THE SEMESTER IS OVER FOR ALL CHILDREN WHO MISSED ANY OF THE CLASSES, REGARDLESS OF HOW MANY MISSED.