



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Keene Family YMCA- Request for Childcare Services: Intake Form

Parent Contact Information:

Name: _____ Today's Date: _____

EmailAddress: _____

Home Phone: _____ Cell Phone: _____

City/Town: _____ State: _____

Family Information:

Do you currently, have children that attend the YMCA Childcare Program? _____

If yes, which site? (select one): Main YMCA-Summit Rd. YMCA @ Maple Ave. YMCA @ JD

Are you in need of full, or part-time care? _____ If part-time, please select: (M,W,F) or (T,R)

Anticipated Start Date: _____ Do you intend to apply for NH State Scholarship? _____

Have you been approved for NH State Scholarship? _____

Student Information:

Please List Child(ren) Name and Date of Birth below:

Child#1 Name: _____

Date of Birth: _____

Child#2 Name: _____

Date of Birth: _____

Child#3 Name: _____

Date of Birth: _____

When complete, please return this form to kbrown@keene-ymca.org. We will reach out to you as soon as a spot becomes available. Thank you for considering the Keene Family YMCA for your childcare needs!