



# Sunday Funday Registration Form



## General Information

Fall Session (10 classes)     Winter Session (12 classes)     Spring Session (8 classes)

Child's Name: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_

Age as of 10/9/16: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Required Medical Information

Diagnosis/Special Needs: \_\_\_\_\_

\_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapies child is receiving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## School Information

School child attends: \_\_\_\_\_ Grade (2016-17): \_\_\_\_\_

Does your child have an IEP?  NO  YES If yes, a copy of the most recent IEP must accompany this registration form.

## Media Release Authorization

I give authorization for any picture or video of my child to be used by the Y for promotional purposes, including printed material and postings on the Y's website and social media accounts.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(See Other Side for Payment Information)**

Questions? Comments? Contact Deena Spindler, Special Needs Coordinator at (212) 569-6200 x265 or [dspindler@ywashhts.org](mailto:dspindler@ywashhts.org)



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## Cost

Fall Session (10 classes): \$300    Winter Session (12 classes): \$360    Spring Session (8 classes): \$240  
Half financial need-based scholarships available.

## Payment Information

Financial assistance requested? (circle one): YES    NO

Enclosed is my total payment of \$\_\_\_\_\_

*Your total payment should reflect the complete tuition for the entire session, including qualifying scholarships.*

*Please choose a method of payment.*

- Cash
- Check                      Please make checks payable to *The YM&YWHA of Washington Heights & Inwood*
- Credit/debit card

Please circle your card type (Visa or MasterCard only):    Visa    MasterCard

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature: \_\_\_\_\_

## Registration Agreement

By signing this form, I acknowledge that I understand and agree to the Y's payment and participant policies. I specifically authorize the Y to process payment for my fees and agree to pay in full prior to the first class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How did you hear about this class? Check all that apply:

- Advertisement                       Email from the Y                       Listserv                       Flyer                       Online Search
- Returning Participant               Social Media                       Word of Mouth                       Friend                       Newspaper
- Website                       Walk In                       Other: \_\_\_\_\_

### Mail, fax, scan, or bring registration and payment forms to:

The YM&YWHA of Washington Heights & Inwood • Attention: Deena Spindler  
54 Nagle Avenue • New York, NY 10040  
Fax: 212.567.5915 • Email: [dspindler@ywashhts.org](mailto:dspindler@ywashhts.org)