



Framingham
STATE COLLEGE

MetroWest YMCA
Early Childhood Center



REGISTRATION FORM 2009-2010

Framingham State College / MetroWest YMCA Early Childhood Center

Child's name _____ Sex _____ Start Date: _____

Date of Birth ____/____/____ (mo/day/yr)

Address: _____ Home Phone (____) _____

City/Town: _____ ZIP Code _____

Guardian's name _____ Date of Birth ____/____/____ (mo/day/yr)

Work Phone (____) _____ Email _____

Guardian's name _____ Date of Birth ____/____/____ (mo/day/yr)

Work Phone (____) _____ Email _____

Do you anticipate needing education and care for your child during semester breaks and the summer? _____

Framingham State College Community (Faculty, Staff, Students and Alumni):

Guardian affiliated with FSC: _____ and

Department/Degree: _____

Please check the days that you will require.

5 Days (Mon – Fri) 3 Days (Mon/Wed/Fri) 2 Days (Tues/Thurs)
 (\$790 per month) (\$553 per month) (\$395 per month)

OR

General Community (not affiliated with FSC as faculty, staff, or students):

Please check the days that you will require.

5 Days (Mon – Fri) 3 Days (Mon/Wed/Fri) 2 Days (Tues/Thurs)
 (\$1,180 per month) (\$826 per month) (\$590 per month)

I understand that a \$50.00 registration fee must accompany this form to reserve a place on the roster, and that this registration fee is non-refundable.

Guardian signature _____ Date ____/____/____