



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NEW FAMILY LOTTERY REGISTRATION
NEW CANAAN YMCA KIDS UNLIMITED AFTERSCHOOL PROGRAM
2026-27 School Year

Name: _____ Date of Birth: _____ Gender: ____ Age: ____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ School: _____ Grade: ____ Start Date: _____

** 1 and 2-day options per week must be requested and approved by the Program Director*

CHECK ✓ NUMBER OF DAYS:	CHECK ✓ DAYS ATTENDING:
<input type="checkbox"/> 5 days/week - \$775.00/month <input type="checkbox"/> 4 days/week - \$685.00/month <input type="checkbox"/> 3 days/week - \$545.00/month	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Parent Name: _____ Phone Home: _____ Email: _____ Cell: _____ Parent DOB: _____	Parent Name: _____ Phone Home: _____ Email: _____ Cell: _____ Parent DOB: _____
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All payments must be guaranteed by credit card. Please fill in the information below.

Name on Card: _____

MC/Visa/American Express:

_____ - _____ - _____ - _____ **Exp date** _____ **Security Code** _____

Enrollment date _____ **(For office use only)**