

**TODDLER TIME "SUMMER FUN" 2009 REGISTRATION**

**MONDAY, APRIL 13, 2009 – 10:00 to 11:00 AM**

**FOR TWO- AND THREE-YEAR OLDS -- YOUR CHILD MUST BE TWO BY JUNE 1, 2009**

- What:** Summer Fun is a drop-off enrichment program held at the YWCA.  
**Who:** Two and three-year olds. Children must be two by June 1, 2009.  
**When:** 9 weeks, June 1 to July 31. Children attend one day a week for two hours in the morning.  
**Where:** Registration is in the Ballet Studio at the YWCA, 49 Old Kings Highway North, Darien.

The lottery begins promptly at 10:00 AM and takes up to one hour. Parking is limited, but overflow parking is available at the Skating Rink. Please don't park at the medical center.

The lottery is not a first come/first served system. Non-consecutive numbers will be distributed at the beginning and drawn in random order until all spots are taken.

**To facilitate the process please note the following:**

**PLEASE COMPLETE AND BRING THIS REGISTRATION FORM WITH YOU AS IT INDICATES THAT YOU ARE A CURRENT YWCA MEMBER. ONLY CURRENT MEMBERS WILL BE REGISTERED. MEMBERSHIPS WILL NOT BE PROCESSED AT THE SAME TIME AS REGISTRATION.**

**YOU NEED TO BE THERE IN PERSON TO REGISTER OR SEND A CAPABLE ALTERNATE IN YOUR PLACE. REGISTRATIONS CANNOT BE ACCEPTED BY PHONE.**

**HAVE AN ALTERNATE DAY IN MIND IN THE EVENT YOUR ORIGINAL CHOICE IS UNAVAILABLE.**

**WE ARE UNABLE TO HONOR REQUESTS FOR A SPECIFIC TEACHER.**

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**TUITION FOR SUMMER FUN IS DUE AT TIME OF REGISTRATION. A NON-REFUNDABLE CANCELLATION FEE OF \$50.00 IS INCLUDED IN TUITION. SEE ATTACHED FEE SCHEDULE. PLEASE MAKE CHECKS PAYABLE TO YWCA DARIEN/NORWALK.**

Childs Name: \_\_\_\_\_ (M) (F) Date of Birth \_\_\_\_\_

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

Member's Name: \_\_\_\_\_

Preferred Time: 9:15 AM \_\_\_\_\_ 9:30 AM \_\_\_\_\_

Preferred Day AND Alternate Day: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Method of Payment: CHECK VISA MASTERCARD

Check amount \_\_\_\_\_ Check # \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

(Receipt will be mailed to you)