



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BLOOMINGTON-NORMAL YMCA HOME SCHOOL GYM & SWIM

Parent's Name _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Email Address _____

How did you hear about this program? _____

Emergency Contact _____ EC Phone # _____

Wednesay

Friday

Wednesday & Friday

**Child's Name
(First & Last)**

Age

Circle One

_____	_____	Gym Only	Swim Only	Gym & Swim
_____	_____	Gym Only	Swim Only	Gym & Swim
_____	_____	Gym Only	Swim Only	Gym & Swim
_____	_____	Gym Only	Swim Only	Gym & Swim
_____	_____	Gym Only	Swim Only	Gym & Swim
_____	_____	Gym Only	Swim Only	Gym & Swim
_____	_____	Gym Only	Swim Only	Gym & Swim

For Office Use Only

Amount Due _____ Amount Paid _____

Receipt # _____ Staff Initials _____

Session **(Please Circle Session Attending)**
Fall 1 Fall 2 Winter 1 Winter 2 Spring