



# Harleysville YMCA Early Childhood Center

## A branch of the North Penn YMCA

**311 Alumni Avenue Harleysville, PA 19438 Phone: 215-256-0767**

### 2026-2027 HARLEYSVILLE YMCA PRESCHOOL REGISTRATION

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**Please follow the schedule below to ensure your child is enrolled in the proper class :**

**OLDER TODDLERS** - Age 2+ as of Sept. 1, 2026

\***PRE-K 3** - Age 3+ as of Sept 1, 2026

\***PRE-K 4** - Age 4+ as of Sept. 1, 2026

T/TH OLDER TODDLERS (a.m.) _____	\$273.00 Mo.	9:15- 11:30 AM
M/W/F OLDER TODDLERS (a.m.) _____	<del>\$345.00 Mo.</del>	<del>9:15 - 11:30 AM</del>
M/W/F Pre-K 3 (a.m. only) _____	\$324.00 Mo.	8:45 - 11:15 AM
T/TH Pre-K 3 (a.m. & p.m.) _____	\$371.00 Mo.	8:45 - 2:00 PM
M/W/F Pre-K 3 (a.m. & p.m.) _____	\$520.00 Mo.	8:45 - 2:00 PM
<u>5 Days Pre-K 3 (a.m. &amp; p.m.) _____</u>	<u>\$747.00 Mo.</u>	<u>8:45 - 2:00 PM</u>
M/W/F Pre-K 4 (a.m. only) _____	\$324.00 Mo.	9:00 - 11:45 AM
T/TH Pre-K 4 (a.m. & p.m.) _____	\$371.00 Mo.	9:00 - 2:15 PM
M/W/F Pre-K 4 (a.m. & p.m.) _____	\$520.00 Mo.	9:00 - 2:15 PM
<u>5 DAYS Pre-K 4 (a.m.&amp; p.m.) _____</u>	<u>\$747.00 Mo.</u>	<u>9:00 - 2:15 PM</u>

\* Must be potty-trained

\*\* Extended Care hours available between 7:00-5:30. Please call for pricing and availability \*\*

**REGISTRATION FEE: \$30.00 non-refundable DUE NOW.**

If not currently a North Penn YMCA Member, a \$50 Youth Program Membership fee is also due now.

**LATE REGISTRATION FEE: Additional \$20 fee if registering after August 1st.**

Parent authorizes the YMCA to take and use photographs and/or videos of the applicant for use in future YMCA promotional materials.	Yes	No
Is your child a member of the North Penn YMCA	Yes	No
Is there a sibling attending other child care sites in the North Penn YMCA?	Yes	No
Are you applying for North Penn YMCA Financial Assistance?	Yes	No
Is a parent a staff member?	Yes	No
Does child receive assistance through the county (ELRC)	Yes	No
Please provide Case Manager: _____	Phone: _____	
Does your child have Custody or IEP Documents? If yes , please provide a copy	Yes	No

Office use

Start Date	Emergency Contact	Date of Physical	Agreement	Civil Rights