



**YMCA of Central Massachusetts
Boroughs Branch**

Marlborough School's Out Program

Child's Name _____

Parent's Name _____

Address: _____

Phone Number: _____ **Email:** _____

Grade for the 2009-2010 School Year: _____

My Child will be attending the School's Out Program located at: (please check)

_____ **Kane Elementary**

_____ **Jaworek Elementary**

_____ **Marlborough Intermediate/Middle**

My child will be participating in the 2009-2010 School's Out Program on the following days: (AM care: 7:00am-School Start; PM care: School Dismissal-6:00pm)

Monday: ___ AM Care ___ PM Care

Tuesday: ___ AM Care ___ PM Care

Wednesday: ___ AM Care ___ PM Care

Thursday: ___ AM Care ___ PM Care

Friday: ___ AM Care ___ PM Care

Parent/Guardian Signature

Date

Contact Person:

Emily Esterbrook, Sr. Program Director

EEsterbrook@ymcaofcm.org

508-870-1320 ext 300

Please mail completed form with 1 week non-refundable deposit to:

Boroughs YMCA

Marlborough School's Out

4 Valente Drive

Westborough, MA 01581

(Please make checks payable to the Boroughs YMCA)