



# Bedford Area Family YMCA Early Learning Center Application

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Select Program: (circle one)    YEAR ROUND    SCHOOL YEAR ONLY    SUMMER ONLY

Names and ages of siblings: \_\_\_\_\_

What else would you like us to know: \_\_\_\_\_

We ask that all families apply for childcare subsidy. You can do so at  
<https://commonhelp.virginia.gov/>

For more information you may contact Holly Layne at [HLayne@bedfordymca.org](mailto:HLayne@bedfordymca.org).

**\*Please note this is an application for our waitlist and does not constitute acceptance into the program. If your child(ren) are accepted you will be contacted at that time.**