



Hopkins County Family YMCA Preschool 2026-27 Application

This is an application, completion does not guarantee placement. After application review parents will be contacted via phone or email to discuss next steps.

Student Information

Student Name: _____ **Date of Birth (MM/DD/YYYY):** _____

Address: _____ **Age as of August 12th, 2026** _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Email: _____ **Phone Number:** _____

Parent/Guardian Name(s): _____

Email: _____ **Phone Number:** _____

Has this student, or a sibling, been enrolled in a YMCA Kid's Center Program in the past?

Yes **No**

If yes, which program: _____ **Sibling Name:** _____

Dates attended: _____

Do you plan on using CCAP (Childcare Assistance Program) to assist in tuition payment?

Yes **No**

In Office Use Only:

Date Application Received: _____

Status: _____ **Date P/G Notified:** _____

Is your child fully potty trained, including naps? Yes No

Has your student been in childcare before? If so, where?

Please list any of your student's allergies or medical diagnoses.

What are your students favorite activities/hobbies?

Is there anything else we should know about your student?