



Goodman
Community Center

Youth Programs Interest Registration Form

Thank you for your interest in the Goodman Community Center's Youth Programs. Please remember this form does not guarantee your child a spot in the program but places your child on the waitlist. You will be notified of a placement by phone or email. Please write legibly.

STAFF USE ONLY
Received _____ Staff initials _____
Program: AM OR PM _____
Please return forms to Angela Tortorice

QUESTIONS?
Contact Angela Tortorice at
angela@goodmancenter.org or 608-241-1574 x235.

Registering for: Preschool Afterschool Summer Camp

Child's Name: (First, MI, Last) _____ Today's Date: _____

Date of Birth: _____ Preferred Start Date: _____

Home Phone: _____ School Attended/District School: _____

IMPORTANT: Households who qualify and receive Childcare Assistance through Dane County or the City of Madison are given priority enrollment:

I/We do not receive Childcare Assistance. Do you want scholarship information? Yes No

I/We receive Childcare Assistance through: Dane County City of Madison

Scheduling Needs:

AFTERSCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
Check the days you'd like to enroll your child:					

PRESCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
List the hours you need childcare each day:					
Circle each day you will need extended care:	AM OR PM	AM OR PM	AM OR PM	AM OR PM	AM OR PM

Please fill out hours needed for Preschool only. Hours are 7:30-5:30pm. Please note if you need extended AM or PM care.

Mother/Guardian:

Name: _____ Home Address: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian:

Name: _____ Home Address: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Which of the people listed above is the preferred contact person? _____

Best way to reach him/her: _____