



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of the Pikes Peak Region
Briargate Family Center YMCA
4025 Family Place
Colorado Springs, Colorado 80920

OUR MISSION: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHERE THE FUTURE BEGINS

Briargate Family YMCA Preschool
2011-2012



Our Mission: To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all.



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Our preschool creates an environment for a balance between the social, emotional, and educational needs of each child. Self paced and teacher directed activities encourage children to develop projects, science exploration, pre-reading, writing, and more through a variety of planned activities. Our preschool is licensed through the State of Colorado. All of our staff are certified teachers and have years of experience in a preschool setting. Our classes are limited to 15 students and a teacher to child ratio of 1 to 10. The class will go on field trips throughout the year, parents are invited to assist on a voluntary basis.

School Year: August 15 – May 25, 2011

Registration begins April 11, 2011

Must be 4 by August 15, 2011

Monday/Wednesday/Friday 4-5 years

9-11:30am & 12:30-3pm

Members: \$141.00/month

Non-members: \$168.00/month

Must be 3 by August 17, 2010

Tuesday/Thursday 3-4 years

12:30-3pm

Members: \$120.00/month

Non-members: \$147.00/month

Registration fee: \$35.00

Financial assistance is available to qualifying families
Questions? Please call Mrs. O'keefe@ 495-5125

Briargate Family YMCA Preschool Registration

To register please complete the following information and return to the Briargate Family YMCA along with a \$35.00 deposit

Child's Name _____

Birthdate _____ Male / Female

Parent's Name _____

Address _____

City _____ State _____ ZIP _____

Phone: H _____ W _____

_____ Member _____ Non-Member

Please Circle Preferred class:

Tue/Thur 12:30-3pm (3yrs.-4yrs.)

M/W/F 12:30-3pm (4yrs.-5yrs.)

M/W/F 9-11:30am (4yrs.-5yrs)

Check # _____ Cash Mastercard Visa

Number _____ exp. _____

Signature _____