



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PACE Program Information Sheet

Pediatrician's office to complete the top portion then fax the completed form to Carrie at the Meriden YMCA at 203-634-6517.

Referring Pediatric Group: _____

Referring Pediatrician: _____ Date of Referral: _____

Child's Name: _____

Age: _____ Height: _____ Weight: _____

Parent/Guardian Name: _____ Phone # _____

Parent/Guardian Name: _____ Phone # _____

Home Address: _____

Upon receipt of this Information Sheet, a Meriden YMCA PACE Program employee will be contacting you to introduce themselves, review the program and address any questions you may have. We look forward to working with and helping you take that first step toward healthier living.

MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

MERIDEN YMCA
110 West Main Street
Meriden CT 06451
203 235 6386
www.meridenymca.org

NEW BRITAIN-BERLIN YMCA
50 High Street
New Britain CT 06051
860 229 3787
www.nbbymca.org