



Registration

55PA CODE CHAPTERS 3270.123 & 181 (C)

Before and After
School Care

Child's Information

Child's Name _____ Child's Date of Birth ____/____/____ Grade _____

Payment Agreement - \$ _____ Per Week

Name of person responsible for payment/Name on Card or Account: _____

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Automatic Credit Card Payment

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Automatic Bank Draft

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Credit/Debit Card Number _____ CVV _____ Exp. Date _____

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Checking Account Number _____ Routing Number _____

Please Note: Payment is due on the Friday of each week prior to service week.

Authorized Persons to Pick Up Child

Must also be listed on the Emergency Contact Form! Your child will only be released to a parent/guardian or persons listed in this section. (Do not forget to include yourselves.) Staff will require a government issued identification before releasing your child.

- 1.) _____ 2.) _____
3.) _____ 4.) _____

Program Selection

Children will be enrolled in the same days each week. A two-week written notice to the Director is required to change enrollment days as availability allows.

Program Attending:

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Before School Only

(6:30 AM-Dismissal)

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After School Only

(Dismissal – 6:00 PM)

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Before and After School

Days Attending:

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

Child will begin on ____/____/____ Arrival Time-Before _____ Pick Up Time-After _____

Site Location: ☐ Hooverville ☐ Mowrey ☐ Fairview ☐ Summitview ☐ Greencastle

Please **initial** each of the following items to indicate your agreement:

____ I received updated program information at the time of enrollment and agree to abide by the policies and procedures outlined in the YMCA Youth Development Family Handbook and any addendums to the handbook.

____ I will review and update my child's agreement and emergency contact form a minimum of once every 6 months or whenever changes occur.

____ I will provide an updated Child Health Report signed by a physician to the Director.

____ As part of the childcare fee, YMCA BASC program will provide an afternoon snack. I am responsible for providing snacks for my child if they have a medical reason to not consume the snacks provided by the YMCA BASC program.

____ Any additional services to be provided by the YMCA BASC program will be discussed and agreed upon by the enrolling parent and Director at the time of enrollment.

____ I understand that there is a \$2 per minute late fee for pick up after the time the center closes.

____ I hereby grant authorization to the Waynesboro Area YMCA to initiate or terminate a weekly recurring draft.

Parent/Legal Guardian Signature _____ **Date** _____

Program Director Signature _____ **Date** _____

6 month review: initial: _____ date: _____ 6 month review: initial: _____ date: _____