



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Schools Out Club Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grade Level 2025-26 School Year \_\_\_\_\_ Gender \_\_\_\_\_  
Enrolling Adult \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Siblings attending (same dates) \_\_\_\_\_

**\*\*Payment will be charged prior to SOC date of attendance.**

**\*\*If you are enrolling in our automatic payment option, complete the information below. If automatic payment information is not given, it is your responsibility to pay by the day of care, or care will NOT be offered!**

**Daily Rate @ YMCA in Waynesboro or @ Greencastle Site (7:00 am – 5:30 pm)**

**Member: \$35.00**

**Non-Member: \$41.00**

**\*Member Sibling Discount \$30.00**

**\*Non-Member Sibling Discount**

**\$36.00**

**SOC Automatic Payment Information \* IF DIFFERENT THAN BASC ACCOUNT INFO ON FILE**

Payer Name \_\_\_\_\_ Payer Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Payment Method

☐ Credit/Debit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

☐ Checking Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

**I hereby grant authorization to the Waynesboro Area YMCA to initiate or terminate a recurring draft for care. I acknowledge that I am responsible for confirming that the payment for care has been received by the due date.**



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Payer Signature

Date

Office Use ONLY:

Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Family/Child Membership Expiration Date: \_\_\_\_\_