



Middle School Engagement Program Request

Teen'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 _____

****If you are enrolling in our automatic payment option, complete the information on the reverse side of this page. If automatic payment information is not given, it is your responsibility to pay on the account by the due date. ****

Program Selection: Teens are enrolled on the same days each week for the entire school year. A 2-week written notice is required to change the enrollment days/times or withdraw from the program.

Location: Waynesboro Area YMCA's Community Room & Hub.

Attendance will be taken at the Y.

WAYNESBORO AREA SCHOOL DISTRICT WEEKLY RATE (effective 7/28/2025)

After School Care (School Dismissal-5:30 pm)

- ☐ Member Monthly (5 Day) Full Time Rate.....\$ 40
- ☐ Non-Member Monthly (5 Day) Full Time Rate \$ 60

Draft date will be the 10th of each month.

Day Selection for After School Care:

☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday**

There is a \$30 per child non-refundable registration fee to be paid at the time of enrollment/when forms are returned to the Member Services desk. Payment receipt is to be attached to this registration form.

Date paid: _____ Forms/Fees Received by _____



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Automatic Payment Information

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 weekly recurring draft for care. I acknowledge that I am responsible for confirming that the payment for care has been received by the due date.

Payer Signature

Date

Office Use ONLY:

Staff: _____ Date: _____ Family/Child Membership Expiration Date: _____