



2026-2027

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BEFORE & AFTER SCHOOL CARE REQUEST

\*Complete a separate application for each child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade Level 2026-2027 \_\_\_\_\_ Gender \_\_\_\_\_

Enrolling Adult \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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

Does your child have an  IEP,  504 or  special need for care? \_\_\_\_\_

Will you share a copy of the IEP, 504 or other info in order for the Y to make appropriate accommodations when possible?  Yes  No

Person (s) to whom child may be released \_\_\_\_\_

Program Selection: Children are enrolled in the same days each week for the entire school year. A two day minimum is required.

Location  Fairview Elementary  Hooverville Elementary  Mowrey Elementary  Summitview Elementary

Greencastle COB for Greencastle Primary & Greencastle Elementary (36 S Carlisle St)

Day Selection

- Before School Care  Monday  Tuesday  Wednesday  Thursday  Friday  
Care Opens @ 6:30AM for Drop Off and runs until the start of the school day. Arrive before 8:15AM for care.
- After School Care  Monday  Tuesday  Wednesday  Thursday  Friday  
Care Closes @ 6:00PM . Pick up starts after dismissal of school day and attendance is taken.

**Daily Rate (effective 8/1/26)**

<b>WAYNESBORO AREA SCHOOL DISTRICT (8/19/26-5/28/27)</b> (at Fairview, Hooverville, Mowrey, & Summitview Elementary Schools)	
<i>Before School Care (6:30am-Start of school day)</i>	<i>After School Care (School Dismissal-6:00pm)</i>
Member Daily Rate.....\$8.00	Member Daily Rate.....\$14.00
Non-Member Daily Rate.....\$12.00	Non-Member Daily Rate.....\$21.00
<b>GREENCASCADE-ANTRIM SCHOOL DISTRICT (8/20/26-6/2/27)</b> (at Greencastle of the Brethren for Greencastle Primary & Elementary Schools)	
<i>Before School Care (6:30am-Start of school day)</i>	<i>After School Care (School Dismissal-6:00pm)</i>
Member Daily Rate.....\$9.00	Member Daily Rate.....\$16.00
Non-Member Daily Rate.....\$14.00	Non-Member Daily Rate.....\$22.00

**Office Use**

There is a \$50 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 \_\_\_\_\_

# BEFORE AND AFTER SCHOOL CARE FINANCIAL AGREEMENT

## Automatic Payment Information:

### SECTION 1: Bank Draft—Withdrawal from Checking or Savings Account

Account Holder - Name: \_\_\_\_\_

Account Type (Check One)       Checking       Savings

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

### SECTION 2: Credit Card Draft—Withdrawal from Credit Card

Account Holder - Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Card Type:     Visa     Mastercard     Discover     Other \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_ CVC \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### **RULES AND REGULATIONS**—Please read carefully and sign below

1. I authorize the Waynesboro YMCA to initiate weekly recurring drafts to my account.
2. Withdrawals/charges take place Fridays, two weeks prior to care & processed 2-3 days after.
3. Drafts are weekly payment plans, and will continue through the end of the school year.

### **YMCA CHILDCARE AGREEMENT**

1. It is my complete understanding that if I wish to terminate/change my childcare, I must give a 2 week written notice.
2. I understand that School's Out Care is an additional cost that will be added to my account.
3. LATE pickup fees may be added to my account.
4. Should any Childcare draft not be honored by my bank for any reason, I understand that I am still responsible for that payment and may be responsible for any service charge applied by the YMCA. This is in addition to any service fee my bank may charge.
5. I agree to notify the YMCA, in a timely manner, of any changes to my credit card information; including such situations as change in expiration, card replacement ,etc., and that the failure to do so may result in additional bank and/ or processing fees.

I have read the above Financial Agreement and YMCA Childcare Agreement. and fully understand them, and agree to abide by them. By signing , I acknowledge that I am responsible that the payment is received by the due date.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent copy will be sent following directors review

### **Office Use Only**

Child's Name \_\_\_\_\_ , will be attending the following Before and After School

Care (BASC) site: \_\_\_\_\_ .     AM 6-8:30am     PM Schools Out-6pm. Payer agrees to pay

\$ \_\_\_\_\_ weekly for my child's participation in the program, beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

Director Signature \_\_\_\_\_ Date \_\_\_\_\_