Schools Out Club Registration Form
2026-2027

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

Address: _____City: _____ State: _____ Zip: _____

Grade level 2026-2027 School Year: _____ Elementary School: _____ Gender: ____ _

Enrolling Adult: _____ Relationship to Child: _____

Primary Phone Number: _____ Email Address: _____

Siblings attending (same dates): _____

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

Daily Rate at YMCA in Waynesboro or at Greencastle Site (7AM-5:30PM)

Member Rate—$35.00 **Non-Member Rate— $41.00**

Member Sibling Discount—$30.00 **Non-Member Sibling Rate—$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: _____

Address: _____City: _____ State: _____ Zip: _____

Payment Method:

Credit/Debit Card Number: _____ Expiration Date: _____/_____

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.

Payer Signature: _____ Date: ____/____/_____

Office Use ONLY:

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