FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Middle School Engagement Program Request

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

Address _____ City _____ State _____ Zip _____

Grade Level 2024-25 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 Y's Teen Center & Activity Center

Attendance will be taken @ pick up from Middle School and @ the Y.

Parent msg. will be sent for non-attendance.

WAYNESBORO AREA SCHOOL DISTRICT WEEKLY RATE (effective 8/01/2024)

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

- ❍ **Member Weekly (5 Day) Full Time Rate.....$ 50**
- ❍ **Non-Member Weekly (5 Day) Full Time Rate ..... $ 75**

- ❍ **Member Weekly (may be enrolled up to 3 days) Part Time Rate.....$ 30**
- ❍ **Non-Member Weekly (may be enrolled up to 3 days) Part Time Rate .... $ 45**

Day Selection for After School Care:

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

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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 _____

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

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Office Use ONLY:

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