



Before & After School Care Request

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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: Children are enrolled in 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 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 for Pick Up and starts at dismissal of the school day. Pick up starts after attendance is taken.

Daily Rate (effective 8/01/2024)

WAYNESBORO AREA SCHOOL DISTRICT

(at Fairview, Hooverville, Mowrey, & Summitview Elementary Schools)

<i>Before School Care (6:30 am-Start of school day)</i>	<i>After School Care (School Dismissal-6:00 pm)</i>
Member Daily Rate\$7.00	Member Daily Rate\$12.00
Non-Member Daily Rate\$11.00	Non-Member Daily Rate\$19.00

GREENCASCADE-ANTRIM SCHOOL DISTRICT

(at Greencastle Church of the Brethren for Greencastle Primary & Elementary Schools)

<i>Before School Care (6:30 am-Start of school day)</i>	<i>After School Care (School Dismissal-6:00 pm)</i>
Member Daily Rate\$8.00	Member Daily Rate\$14.00
Non-Member Daily Rate\$13.00	Non-Member Daily Rate\$20.00

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 _____



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

Payer Signature

Date