



Parents Night Out Registration Form

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 _____ Age: _____ Gender _____

Enrolling Adult _____ Relationship to Child _____

Primary Phone Number _____ Email Address _____

Siblings attending (same date) Name: _____ Age: _____ Gender: _____

**Payment will be charged on PNO date of program.

**If you are enrolling in our automatic payment option, complete the information on the back of this form.
If automatic payment information is not given, it is your responsibility to pay by the date of care,
or care will NOT be offered!

PNO Rate @ YMCA in Waynesboro from 5:00– 8:30 pm
(drop off starts NO earlier than 4:50pm)

Member: \$25.00 for 1st child, \$10 each additional child

Non-Member: \$35.00 for 1st child, \$15 each additional child

***Ages 3 months to 4-year-old drop off @ Child Watch**

***Ages 5-year-old to 10-year-old drop off @ Youth Classroom**

Select enrollment for PNO date:

September 13,2024	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
Payment Due/Draft Friday, September 13				
October 18,2024	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
Payment Due/Draft Friday, October 18				
November 15,2024	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
Payment Due/Draft Friday, November 15				
December 13,2024	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
Payment Due/Draft Friday, December 13				



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Office Use ONLY:

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

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 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