



Schools Out Club 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 _____ Gender _____
Enrolling Adult _____ Relationship to Child _____
Primary Phone Number _____ Email Address _____
Siblings attending (same weeks) _____

****Payment will be charged 3 days prior to SOC date of attendance.**

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

Daily Rate @ YMCA in Waynesboro or @ Greencastle Site (7:00 am – 5:30 pm)

Member: \$32.00

Non-Member: \$38.00

***Member Sibling Discount \$27.00**

*** Member Sibling Discount \$33.00**

SOC Automatic Payment Information * IF DIFFERENT THAN ACCOUNT INFO ON FILE

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



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Office Use ONLY:

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