



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 automatic payment option, complete the information on the back of this form.
If automatic payment info. is not given, it's 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 3-year-old drop off @ Child Watch**
- *Ages 4-year-old to 10-year-old drop off @ Youth Classroom**

Select enrollment for PNO date:

Jan 10, 2025 Payment Due/Draft Friday, Jan 10	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
Feb 7, 2025 Payment Due/Draft Friday, Feb 7	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
March 7, 2025 Payment Due/Draft Friday, March 7	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
April 11, 2025 Payment Due/Draft Friday, April 11	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment
May 9, 2025 Enrollment	<input type="radio"/> Member	OR	<input type="radio"/> Non-Member	<input type="radio"/> Sibling Enrollment



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Payment Due/Draft Friday, May 9

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