



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEFORE & AFTER SCHOOL CARE REQUEST

*Complete a separate application for each child

Child's Name	Date of Birth		
Address		City	State
Grade Level 2025-2026		Gender	
Enrolling Adult	Relationship to Child		
Primary Phone Number	Email Address		
Does your child have an ☐ IEP, ☐ 504 or ☐ special need for care?			
Will you share a copy of the IEP, 504 or other info in order for the Y to make appropriate accommodations when possible? ☐ Yes ☐ No			
Person(s) to whom child may be released			

Program Selection: Children are enrolled in the same days each week for the entire school year. A two day minimum is required.

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 . Pick up starts after dismissal of school day and attendance is taken.

Daily Rate (effective 8/1/25)

WAYNESBORO AREA SCHOOL DISTRICT (8/19/25-5/29/26)

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

Before School Care (6:30am-Start of school day)

Member Daily Rate.....\$8.00

Non-Member Daily Rate.....\$12.00

After School Care (School Dismissal-6:00pm)

Member Daily Rate.....\$14.00

Non-Member Daily Rate.....\$21.00

GREENCASCADE-ANTRIM SCHOOL DISTRICT (8/21/25-6/2/26)

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

Before School Care (6:30am-Start of school day)

Member Daily Rate.....\$9.00

Non-Member Daily Rate.....\$14.00

After School Care (School Dismissal-6:00pm)

Member Daily Rate.....\$16.00

Non-Member Daily Rate.....\$22.00

Office Use

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

BEFORE AND AFTER SCHOOL CARE FINANCIAL AGREEMENT

Automatic Payment Information:

SECTION 1: Bank Draft—Withdrawal from Checking or Savings Account

Account Holder - Name: _____

Account Type (Check One) ☐ Checking ☐ Savings

Address: _____ Phone: _____

Bank account Number: _____ Routing Number: _____

SECTION 2: Credit Card Draft—Withdrawal from Credit Card

Account Holder - Name: _____

Address: _____ Phone: _____

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ Other _____

Credit/Debit Card Number: _____ Expiration Date: _____

RULES AND REGULATIONS—Please read carefully and sign below

1. I authorize the Waynesboro YMCA to initiate weekly recurring drafts to my account.
2. Withdrawals/charges take place Fridays, two weeks prior to care & processed 2-3 days after.
3. Drafts are weekly payment plans, and will continue through the end of the school year.

YMCA CHILDCARE AGREEMENT

1. It is my complete understanding that if I wish to terminate/change my childcare, I must give a 2 week written notice.
2. I understand that School's Out Care is an additional cost that will be added to my account.
3. LATE pickup fees may be added to my account.
4. Should any Childcare draft not be honored by my bank for any reason, I understand that I am still responsible for that payment and may be responsible for any service charge applied by the YMCA. This is in addition to any service fee my bank may charge.
5. I agree to notify the YMCA, in a timely manner, of any changes to my credit card information; including such situations as change in expiration, card replacement ,etc., and that the failure to do so may result in additional bank and/ or processing fees.

I have read the above Financial Agreement and YMCA Childcare Agreement. and fully understand them, and agree to abide by them. By signing , I acknowledge that I am responsible that the payment is received by the due date.

Parent Signature _____ Date _____

*Parent copy will be sent following directors review

Office Use Only

Child's Name _____ , will be attending the following Before and After School

Care (BASC) site: _____ . ☐ AM 6-8:30am ☐ PM Schools Out-6pm. Payer agrees to pay

\$ _____ weekly for my child's participation in the program, beginning ____ / ____ / ____ .

Director Signature _____ Date _____