



# YMCA Before and After School Program Returning Participant Form 2018/2019

School: \_\_\_\_\_

**Account Holder's Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list children attending the program:**

\_\_\_\_\_  
\_\_\_\_\_

**Monthly Plan – 2018/2019 Monthly Fee:**

- |  |                                      |   |           |
|--|--------------------------------------|---|-----------|
| <input type="checkbox"/> Full Time (50% or more of program usage)  | \$ 245.00                            | <input type="checkbox"/> Additional Family Member(s)  | \$ 210.00 |
| <input type="checkbox"/> Part Time (49% or less of program usage)  | \$ 178.00                            | <input type="checkbox"/> Additional Family Member(s)  | \$ 158.00 |
| <input type="checkbox"/> Kindergarten  | \$ 110.00                            | <input type="checkbox"/> Additional Family Member (s) | \$ 95.00  |
| <input type="checkbox"/> Pre-K (only mornings. On condition that older sibling is registered in the program) | \$45                                 |   |           |
| <input type="checkbox"/> Drop-in   | \$6.80 (morning)/\$13.60 (afternoon) |   |           |

Start date: \_\_\_\_\_

**Change:**

- Change my personal information
- Change of guardian, authorized pick-up, or emergency contact (please explain)
- Other (please describe and explain)

**Please provide updated information here:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please contact our admin if you need to change banking or credit card information at (306) 652-7515 ext. 251**

Payer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ YMCA Staff: \_\_\_\_\_