



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'VE GOT YOU COVERED

School's Out Care Registration Form 2017 - 2018

Child's Name: _____ Parent's Name: _____

Parent Cell #: _____ Parent Email Address (required): _____

Check the box and then circle the days you will need:

- Fall Camp I** October 9 \$40/per day
- Fall Camp II** November 20, 21, 22 \$40/per day • \$110 week
- Winter Camp I** December 18, 19, 20, 21, 22 \$40/per day • \$175 week
- Winter Camp II** December 27, 28, 29 \$40/per day • \$110 week
- Winter Camp III** February 19, 20, 21, 22, 23 \$40/per day • \$175 week
- Spring Camp I** April 2, 3, 4, 5, 6 \$40/per day • \$175 week

Total Due \$ _____

Please read and initial below:

___ I understand that I will be drafted each week for childcare fees and that there are additional charges to cover these School's Out Care days. I will be charged via the EFT billing information in my ASCC registration packet.

___ I understand that my child will not be admitted without payment, completion of this form, and a completed 2017 - 2018 registration packet on file (including a completed EFT form).

___ I understand School's Out Care starts at 7:45am and pick up is between 5 – 6pm. Drop off and pick up are at the main YMCA (900 N. Refugio Road, Santa Ynez) unless otherwise noted on the parent information schedule.

___ I understand that any changes and cancellations require 30 days notice. Children who are sick and unable to attend will need a written doctor's note to be excused. If a minimum enrollment of 10 participants is not met at least one week in advance, certain days may be cancelled. Credit will be applied to account.

I agree to the payment and enrollment procedures and policies listed above.

Parent Signature

Date