

# 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:

- |                          |                 |                         |                          |
|--------------------------|-----------------|-------------------------|--------------------------|
| <input type="checkbox"/> | Fall Camp I     | Oct 9                   | \$40/per day             |
| <input type="checkbox"/> | Fall Camp II    | Nov 20, 21, 22          | \$40/per day, \$110 week |
| <input type="checkbox"/> | Winter Camp I   | Dec. 18, 19, 20, 21, 22 | \$40/per day, \$175 week |
| <input type="checkbox"/> | Winter Camp II  | Dec. 27, 28, 29         | \$40/per day, \$110 week |
| <input type="checkbox"/> | Winter Camp III | Feb 19, 20, 21, 22, 23  | \$40/per day, \$175 week |
| <input type="checkbox"/> | Spring Camp I   | Apr 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 5:00 – 6:00 pm. 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