

## **MENDELL SCHOOL YMCA AFTER SCHOOL REGISTRATION FORM 2025-2026**

Enrollment paperwork and physical must also be submitted through our online portal UpBup prior to your child attending.

Child's Name:		Program Sta	rt Date:	
Gender: D.O.B.:	Grade:	School Att	ended:	
Race/Ethnicity (circle all t	nat apply): Hispanic	Non-Hispanic	Am	erican
Indian/Alaska Native Asia	n Black/African American	Native Hawaiian/F	Pacific Islander White	<u> </u>
Parent/Guardian's Name:		D.O.B.:	Cell Phone #: (	)
Address:	Zip Code:	Email:		
Parent/Guardian's Name:		D.O.B.:	Cell Phone #: (	)
Address:	Zip Code:	Email:		
Emergency Contact:	Emergency	/ Contact Cell Pho	ne #: ( )	

Please select your child's days. (2 day minimum)										
Before School	М	Т	W	TH	F					
Afterschool	М	Т	W	TH	F					

## **REGISTRATION INFORMATION**

Signature:

A one week non-refundable deposit is due at the time of registration, unless payment is set up on automatic withdrawal.

Tuition is based on the number of days per week your child is scheduled to attend the program. Please note that parents are responsible to pay for holidays if their child is scheduled for that day. Payment is due one week in advance of services provided if enrolled in automatic withdrawal from a credit/debit card. In order to participate in any other YMCA activity, your balance for membership and childcare must be current.

Notices of changes and cancellations must be provided in writing two weeks in advance.

	Programs and Fees										
		Before School									
Member Rate	5 days- \$73.00	3 days- \$55.00	2 days- \$37.00	5 days- \$148.00	3 days- \$131.00	2 days- \$106.00					
Non Member Rate**	5 days- \$75.00	3 days- \$57.00	2 days- \$38.00	5 days- \$152.00	3 days- \$135.00	2 days- \$109.00					

<sup>\*</sup>The YMCA works with families to make care affordable and Financial Assistance is available.

**Please	learn	more	e abo	ut m	emb	ership	р орр	ortu	ınitie	es on	line a	at <u>ym</u>	<u>cabo</u>	ston.	org/r	neml	oersh	<u>ip</u> or	call	<b>617</b> -4	27-5	300.			
I do <u>not</u> need	d finar	icial a	ssista	ance	and a	agree	to pa	y th	e we	ekly	fee li	sted	above	e.											
My child has	a vou	cher d	or EE	C con	ntract	slot.	l und	derst	tand	that	my c	hild v	vill no	ot be	regis	tered	until	it ha	s be	en iss	ued t	o the	Υ.		
I would like t	о арр	ly for	Finar	ncial <i>i</i>	Assis	tance	. I un	ders	stand	d tha	t my	child	will n	ot be	e regi	stere	d unt	il I ha	ve ag	greed	to th	ne ap	prove	d rat	te.
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Bank Issuer:																									
Name on Card:																									
Card Number:																	Exp	oiratio	on Da	ate:					

YMCA Staff ONLY: Date:	Time:	Initial:	Deposit Amount:	\$	
Check Deposit Method:	Check (Check #:	Automatio	: WithdrawalONLY	able to pay in cash, please call	

Date: