



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y-Time

## Registration Form 2018-2019 Application

### 1 APPLICANT INFORMATION

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School Attending In Fall: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### 2 Y-TIME PRICING K-5TH (PICK-UP AFTER SCHOOL UNTIL 6:00 PM)

If Registering Prior to May 1, 2018

# Of Days Per Week	Member (\$17/day)	Non-Member (\$22/day)
3 Days	\$204	\$264
4 Days	\$272	\$352
5 Days	\$340	\$440

\*Minimum attendance of 3 days per week for Y-Time

If Registering After to May 1, 2018

# Of Days Per Week	Member (\$18/day)	Non-Member (\$23/day)
3 Days	\$216	\$276
4 Days	\$288	\$368
5 Days	\$360	\$460

\*Minimum # of children required at certain schools for pick-up.

### 3 REGISTRATION

Registration Deposit (Non-Refundable) \$50.00

Circle Days Attending: M T W Th F

Total Fees Enclosed \_\_\_\_\_

4 Circle Days Attending: M T W Th F

Check - Attached

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Signature \_\_\_\_\_

**REGISTRATION NOT VALID WITHOUT REGISTRATION DEPOSIT PAID!**

PLEASE CONTACT SHANNON CARTIER AT SCARTIER@NSYMCA.ORG IF YOU HAVE ANY QUESTIONS