

### **AFTER-SCHOOL PROGRAM REGISTRATION OPENS ON JULY 12TH**

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

The Y after-school program is offered at all SAISD and CVCOG head start.

To get more information on how to register contact the Y at 325,655,9106



## **EXERCISE LEARN & PLAY AFTER THE** SCHOOL DAY

2021 - 2022 School Age

After School Program Rates After School Program Rates

**Registration Fee** 

\$20.00

YMCA Member

\$52.50/weekly

Non-Member

\$65.50/weekly

Drop-In

\$18.00/day

2021 - 2022 Head Start

**Registration Fee** 

\$20.00

**YMCA Member** 

\$62.50/weekly

Non-Member

\$75.50/weekly

Drop-In

\$18.00/day

### FINANCIAL ASSISTANCE AVAILABLE

It is the YMCA policy that no one be turned away due to an inability to pay. If you feel you might qualify for financial assistance, please complete the application and provide the two most recent pay stubs for adult wage earners in the home.

Child Care scholarships are awarded based on monthly pre-tax income. Child support and government assistance are not included in income, but are considered when making the award decision.

It is strongly recommended to turn in the application before registration opens! Application process can take 7 - 10 business days!



#### FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

# After- School Program Pre-Registration Form

Name:			D.U.B
Age:	Grade:	School:	
Address:			Zip:
Primary Cont	act Name:		
_			ce. Registration notification will be sent
		through the primary email. Please	_
Cell Phone: _	Cell Phone Carrier:		
Enrolling as	:	Full Time Participant	Drop – in (\$18.00 per day)
**Re	gistration fe	e and initial weekly rate will be require	ed at the time of pre-registration. **
families and yo	_	them to achieve their $\widetilde{\text{God-given}}$ potential in	ity of all faiths and ages with an emphasis on spirit, mind, and body through its programs, staff,
(provided to yo To be photogr To participate To be treated To be transpor	ou at registrati aphed/videota in water activi medically by a rted by YMCA (	on). By signing, you give your child permission oed for YMCA or United Way purposes (no na- ties, including swimming (life jackets will be p physician and transported to a hospital (in th or TLCA buses for field trips (permission slips	mes will be released). rovided to those who need them). re event of an emergency).
Parent's Sign	nature:		Date:
Parent's Nam	ne Printed:		