SCHOOL AGE SUMMER CAMP CONTRACT

***ALL INFORMATION MUST BE COMPLETED TO ACCEPT REGISTRATION**

55PA CODE Chapters 3270.123 & .181(C); 3280.123 & .181©; 3290.123 & .181(c)

I wish to register my child_____ in the YMCA's SACC Program. My child's program will be: (Check one)

___EBENEZER___SOUTH LEBANON___UNION CANAL ___HARDING
___JONESTOWN___FORGE___YMCA

My child will attend SACC beginning (date)___/___/_____.
Child's Arrival Time:_____
Child's Departure Time: _____
My child will be attending the following days: (Please circle all that apply. If your child is PT you must choose the days he or she will be attending)
M Tue W Th F
Weekly Tuition$_____
If applicable:
Funding Source:_____
Caseworker's Name:_____
Additional Fees:

- $25.00 Registration fee or current promotional fee
- $10.00 late payment fee
- Late pick up fee: $10.00 for pickup charged for the first 15 minutes, charge increases to $20 for every 15 minute increment thereafter.

I, the parent/guardian;

☐ Received complete written program information at the time of enrollment (3270.121, 3290.121)

☐ Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (3270.124, 3280.124, 3290.124)

PARENT'S SIGNATURE_____ DATE:_____

EMAIL_____

OPERATOR SIGNATURE:_____ DATE:_____

Date of Admission:	Date of Withdrawl:
PERIODIC REVIEW	
Parent Signature:	
Date:	