



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Child's Name: _____

EAST COLOMA BSP/ASP

AUGUST REGISTRATION SCHEDULE IS DUE 8/13/18

| <u>OPTIONS</u> | <u>BSP</u> | <u>ASP MEMBER RATES</u> | <u>CANCELLATION FEES</u> |
|--------------------|------------|--|--------------------------|
| 1 Day a week | \$5.50 | 1 st Child: \$8.00, 2 nd Child: \$6.00 | \$5.00 |
| 2 Days a week | \$11.00 | 1 st Child: \$16.00, 2 nd Child: \$12.00 | \$10.00 |
| 3 Days a week | \$15.50 | 1 st Child: \$24.00, 2 nd Child: \$18.00 | \$15.00 |
| 4 Days a week | \$22.00 | 1 st Child: \$32.00, 2 nd Child: \$24.00 | \$20.00 |
| 5 Days a week | \$27.50 | 1 st Child: \$40.00, 2 nd Child: \$30.00 | \$25.00 |
| ½ Days | | 1 st Child: \$15.00, 2 nd Child: \$10.00 | \$5.00 |
| No School Day Camp | | 1 st Child: \$27.00, 2 nd Child: \$22 | \$5.00 |

| Week | BSP (6:30-Start of School) (Circle Days) | Regular ASP Days (2:40-5:30) (Circle Days) | ½ Days (Circle Y or N) | School's Out Day Camp (Circle Y or N) |
|----------------------|---|---|-------------------------------|--|
| Aug 16-Aug 17 | W Th F | Th F | Y or N (Wednesday) | |
| Aug 20-Aug 24 | M T W Th F | M T W Th F | | |
| Aug 27-Aug 31 | M T W Th F | M T W Th F | | |

DEPOSITS AND PAYMENTS

Regularly attending families will be set up in auto-pay program for this term of school. These "draws" will happen on the Friday before each week of the program you are signed up for. For anyone who prefers to prepay, (and thereby opt out of the auto-pay program) they will have to pay in full at the time of registration.

I acknowledge that I will be charged in accordance with the schedule I submit and realize that I will not be refunded unless my child(ren) is/are ill for 3 or more days with a Doctor's note or there is a program cancellation due to inclement weather and that any cancellation must be submitted before the payment for that week is drawn.

Questions? Contact

Senior Program Director of
Youth Development –

Jamie Darling
jdarling@srfymca.org

Parent or Guardian's Signature: _____ Date: _____