

2024/2025 Afterschool Enrichment Registration Card

Child's Name: _____ Grade & School: _____ DOB: _____

Parent Name: _____ Cell Phone: _____ Wrk /Home Phone: _____

Billing Address: _____ City: _____ Zip: _____

Email Address: _____ Member Number: _____

I understand the \$50 deposit is nonrefundable & nontransferable & there are no adjustments or credits of deposits for any reason. I understand that once my child has attended one day of ASE there are no adjustments, credits, fee reductions, or refund of fees for missed days or early withdrawal. All registration forms & participant information packet must be completed in full, signed where indicated & returned before child attends. I understand the above guidelines.

Santa Monica Family YMCA 1332 6th St., Santa Monica, CA 90401 **Contact: Darrell Bryson, Prog. Coordinator: (310) 393-2721**

Month	Carpool	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Total
August	<input type="checkbox"/> \$40	<input type="checkbox"/> \$34	<input type="checkbox"/> \$34	<input type="checkbox"/> \$34	<input type="checkbox"/> \$68	<input type="checkbox"/> \$68	
September	<input type="checkbox"/> \$40	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	
October	<input type="checkbox"/> \$40	<input type="checkbox"/> \$136	<input type="checkbox"/> \$170	<input type="checkbox"/> \$170	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	
November	<input type="checkbox"/> \$40	<input type="checkbox"/> \$102(*11/5)	<input type="checkbox"/> \$102	<input type="checkbox"/> \$102(*11/27)	<input type="checkbox"/> \$102 (YMCA Closed 11/28)	<input type="checkbox"/> \$102 (Youth Dept. Closed 11/29)	
December	<input type="checkbox"/> \$40	<input type="checkbox"/> \$102 (*12/23)	<input type="checkbox"/> \$102 (Youth Dep. Closed 12/24)	<input type="checkbox"/> \$102(*12/25 Y Closed)	<input type="checkbox"/> \$102(*12/26)	<input type="checkbox"/> \$102(*12/27)	
January	<input type="checkbox"/> \$40	<input type="checkbox"/> \$68 (*1/20)	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136 (*1/1 Y closed)	<input type="checkbox"/> \$136 (*1/2)	<input type="checkbox"/> \$136 (*1/3)	
February	<input type="checkbox"/> \$40	<input type="checkbox"/> \$102 (*2/17)	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	
March	<input type="checkbox"/> \$40	<input type="checkbox"/> \$36 (*3/31)	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	
April	<input type="checkbox"/> \$40	<input type="checkbox"/> \$68 (*4/7,14)	<input type="checkbox"/> \$102 (*4/8, 15)	<input type="checkbox"/> \$102 (*4/9, 16)	<input type="checkbox"/> \$68 (*4/10, 17)	<input type="checkbox"/> \$68 (*4/11, 18)	
May	<input type="checkbox"/> \$40	<input type="checkbox"/> \$102 (5/26 YMCA Closed)	<input type="checkbox"/> \$136	<input type="checkbox"/> \$136	<input type="checkbox"/> \$170	<input type="checkbox"/> \$170	
June	<input type="checkbox"/> \$40	<input type="checkbox"/> \$68	<input type="checkbox"/> \$68	<input type="checkbox"/> \$68	<input type="checkbox"/> \$34	<input type="checkbox"/> \$34	
CIT's (6 th - 8 th)	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	

***School holiday. Clubs are closed & Day Camps are available. Registration is required. Contact Darrell Bryson, ext. 138**

\$50 Deposit is due at time of registration. You will receive a billing statement in your e-mail with dates and amounts outlining all remaining fees. All late payments are charged a \$35 late fee. Please choose a payment plan option below.

Pay Plan II- Monthly payments due by the 1st of each month

Pay Plan III- Auto withdraw, automatically withdraw monthly payments on the 1st of each month from the card listed below

To complete registration include payment of: \$50 Deposit or Payment in Full for All Sessions: _____

Santa Monica Family YMCA Membership Required: _____

PAYMENT METHOD: CHECK # _____ CASH CREDIT: VISA AMEX MASTERCARD DISCOVER

NUMBER _____ EXP. DATE _____ CVV _____

I give the Santa Monica Family YMCA permission to deduct the above amount from the listed credit card.

SIGNATURE: _____ DATE: _____