



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEEN RECREATION PROGRAM 2019/2020

Participant Name (Last, First): _____ Gender: M F Date of Birth _____

Parent/Guardian Name (Last, First): _____ Gender: M F Date of Birth _____

Best Phone _____ Work Phone _____

Email Address: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Registration Fee: \$50, drafted on August 1, 2019. If child is enrolled after the school year begins, registration fee is due at time of enrollment.

Option	Status	Days Per Week	Session Dates	Total Fee*
<input type="radio"/>	Members	5 Days	8/15/19-6/3/20	\$320/month
<input type="radio"/>	Members	3 Days	8/15/19-6/3/20	\$215/month
<input type="radio"/>	Community	5 Days	8/15/19-6/3/20	\$380/month
<input type="radio"/>	Community	3 Days	8/15/19-6/3/20	\$270/month

*Months with school breaks will be prorated. August 2019 fees will be prorated and payment will be drafted on August 15, 2019.

If attending 3 days per week please indicate which 3 days participant will be attending the program:

Monday Tuesday Wednesday Thursday Friday

Monthly payments are drafted on the first of each month. We accept credit card, checking and savings accounts. Please write the last four digits only of your drafting information on this form.

Method of Payment: Checking Draft Savings Draft Credit Card Draft

Visa Mastercard American Express Discover Credit Card #: _____ (Last 4 digits only)

Checking/Savings Routing #: _____ (Last 4 digits only)

Checking/Savings Account #: _____ (Last 4 digits only)

Name on Account _____ Exp: ____/____

Signature _____

In order to register, please bring this form in person to the address below. Space is limited.

PLEASANT HILL YMCA
350 Civic Drive, Pleasant Hill CA 94523
P 925 687 8900 F 925 825 1879 W idfymca.org