



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUNDVIEW FAMILY YMCA

SACC Registration Form 2020-2021 (East Haven Residence Only)

Child's Name _____ **Grade/School** _____

School Attending _____ **Age** _____ **DOB** _____

Location 1: Cosey Beach Club	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care 3-Days 7:00a-9:00a \$175/\$275 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before Care 5-Days 7:00a-9:00a \$225/325 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care 3 Days 3:30p-6:00p \$235/335 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care 5 Days 3:30p-6:00p \$299/399 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before & After Care 3 Days \$345/445 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before & After Care 5 Days \$435/535 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location 2: Hays School	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care 3-Days 7:00a-9:00a \$175/\$275 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before Care 5-Days 7:00a-9:00a \$225/325 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care 3 Days 3:30p-6:00p \$235/335 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care 5 Days 3:30p-6:00p \$299/399 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before & After Care 3 Days \$345/445 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before & After Care 5 Days \$435/535 a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGISTRATION FEE (PER CHILD) \$25
Monthly Fees charged on the 20th of each month.

Day/Week/Month FEE \$ _____

TOTAL DUE AT REGISTRATION \$ _____

All registration fees are non-refundable and non-transferable.

Staff Initial _____