



**Empowering YOUTH,
Strengthening FUTURES.**

FAMILY FEE FORM

DATE ENROLLING: _____

Child # 1 Name: _____ Age: _____ Grade: _____
Child # 2 Name: _____ Age: _____ Grade: _____
Child # 3 Name: _____ Age: _____ Grade: _____
Parent(s) Name: _____ Primary Phone: _____
Address: _____ ***2nd Household #: _____

If fees are being paid by two parents please indicate here and include their information.

We are enrolling for: (Choose ONE)

PLEASE COMPLETE ALL AREAS!

AFTERSCHOOL PROGRAM

OR

SUMMER SAFARI

☐ Annual Enrollment Fee ** (Non-refundable) \$20 x ____ kids=\$_____

** (Fall enrollment renews for everyone)

☐ Afterschool Program \$210 x ____ kids=\$_____

☐ Summer Program \$430 x ____ kids=\$_____

☐ Back A Kid (Helps Bridge the Gap for another family who cannot afford to attend) \$_____

☐ Contribution to Festival of Trees Parent Tree \$_____

☐ Full Payment discount ***If you pay your bill in full OR sign up for ACH (automatic debit from checking) by the first day of the session (first day of school or first day of summer) you will receive \$30 discount per child.

-\$30 x ____ kids \$_____

Payment Options (please choose one):

TOTAL: \$_____

☐ Scholarship need (request a meeting) \$____August \$____December \$____April

☐ Staff benefit request \$____September \$____January \$____May

☐ Will be paid in full \$____October \$____February \$____June

☐ Will be paid in installments listed here: \$____November \$____March \$____July

FOR ACH INFORMATION ONLY:

☐ Would like family fees/contributions taken through a monthly automatic debit: Fill out below (only for ACH) and attach a voided check from the account you would like to be used.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code _____

Signature _____

(Your signature is a binding contract to pledge to the Boys & Girls Club of Lewistown)

We are very sensitive in not turning away any families. If you have any special financial circumstances, please contact Office Manager or CEO.