



BOYS & GIRLS CLUB
OF THE SANTA CLARITA VALLEY

Transportation

Registration Form

Child _____ Age _____ Phone _____

Address _____ Apt # _____ City _____ Zip _____

Mother: _____ Live with: Full-time _____ Part-time _____ No _____

Work # _____ ext _____ Cell _____ Email _____

Father: _____ Live with: Full-time _____ Part-time _____ No _____

Work# _____ ext _____ Cell _____ Email _____

Who will be primarily responsible for payment on the account? _____

What phone number is best to reach you between 8 am and 5 pm? _____

Emergency Contact _____ Phone _____ Relationship _____

Transportation info:

District: Newhall _____ Saugus _____ Hart _____ S. Springs (Sierra Vista) _____

School _____ Grade _____ Teacher _____ Room # _____

Start Date (Important!) _____ / _____ / _____

Rates:

First Child: \$225 per month. Each Additional Sibling \$100 per month each.
\$30 fee for all returned checks.

Parent Signature (Before you sign, see rates above and be sure to enter a start date)

• For Office Use Only

Enrollment Date ___/___/___

**Special Notes/Instructions:*

Monthly payment for entire family: \$ _____

Pd: Cash _____ Chk _____ (Chk # _____) Staff signature _____