

Sam's Program 1st-6th Grade
2026-2027 Registration Information
Tuesdays, 6:00PM – 8:00PM, Chambersburg Memorial YMCA
Begins October 6th, 2026

Youth Information:

Name _____

Date of Birth ____/____/____

Gender ____ Age ____ Shirt size ____

Race _____ Ethnicity _____

Address _____

Current Grade _____

Home Phone _____

Family Information:

Primary Email Address _____

Youth lives primarily with: ☐parents ☐parent 1 ☐parent 2 ☐other

Parents/Guardian 1 Name _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Parent/Guardian 2 Name _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

Emergency Contacts:

Provide two emergency contacts other than parents/guardians in the spaces below.

Name _____ Phone Number _____ Relationship _____

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Sam's Club Bus Stops: CHECK OFF the bus stop that your child will use for Sam's Club.

	Pick Up	Drop-Off
1. ☐ King and Kennedy	5:33	8:03
2. ☐ Commerce and Poplar	5:36	8:06
3. ☐ Ben Chambers Parking Lot	5:39	8:09
4. ☐ Franklin and Burkhart	5:42	8:12
5. ☐ Catherine and Larch	5:45	8:15
6. ☐ Redwood and Buchanan	5:48	8:18
7. ☐ South and Second Street	5:51	8:21
8. ☐ Liberty and 3 rd	5:54	8:24

Check here if you plan to use your own transportation for your child. _____

The Chambersburg Area School District does not sponsor or sanction this program/event/activity

Photo Consent: I give the Chambersburg YMCA permission to take pictures of my child for use in YMCA and public publications including but not limited to the newspaper, websites, brochures, displays, etc.

Parent/Guardian

Date

Sam's Club Medical Release Form

Insurance Company _____ Policy Number _____

I, (please print name) _____, give the Chambersburg YMCA permission to care for my child should an emergency arise. I give the Chambersburg YMCA permission to take my child to the hospital in the case of injury for treatment. I understand that the YMCA staff will make every effort to contact me prior to authorizing emergency transportation or medical attention for my child and hereby release the YMCA, its agents, and employees from any liability in connection with this granted authorization.

Parent Signature

Date

List any conditions/allergies with which your child has been diagnosed and any medication he/she takes.

Condition/Allergy	Medication

Income Survey

In order to qualify for various funding sources, the following information must be supplied. Each family should indicate the number of persons living in the residence and whether the total family income is above or below the listed figure for the size of the family. Please check the box that corresponds to the size of your household and check whether your income is above or below the number indicated.

☐	1 Person Household	Household Income is	☐ Above	☐ Below	\$31,225
☐	2 Person Household	Household Income is	☐ Above	☐ Below	\$42,446
☐	3 Person Household	Household Income is	☐ Above	☐ Below	\$49,326
☐	4 Person Household	Household Income is	☐ Above	☐ Below	\$64,375
☐	5 Person Household	Household Income is	☐ Above	☐ Below	\$75,425
☐	6+ Person Household	Household Income is	☐ Above	☐ Below	\$86,475

Franklin County Section 8 income limits as established by the U.S Department of Housing and Urban Development – April 2015

NAME _____ STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

"Any false statements made knowingly and willfully may subject the signer to penalties under Section 1001 and 1010 of Title 18 of the United States Code."

Director Signature

Applicant Signature

Date