



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y-CARE PAYMENT AGREEMENT

CHILD NAME: \_\_\_\_\_ SITE: \_\_\_\_\_

PRIMARY ACCOUNT HOLDER:\* \_\_\_\_\_ PHONE: \_\_\_\_\_

\*Primary account holder must be at least 18 years of age and can make changes to any information and is financially responsible for this participant.

SECONDARY ACCOUNT HOLDER:\* \_\_\_\_\_ PHONE: \_\_\_\_\_

\*The secondary account holder can make changes to any information but is NOT financially responsible for this participant.

LOCATION:  Milton West  Milton East First Day: \_\_\_\_\_

### WEEKLY PAYMENT OPTION

- Monday
  - Before Y-Care  After Y-Care
- Tuesday
  - Before Y-Care  After Y-Care
- Wednesday
  - Before Y-Care  After Y-Care
- Thursday
  - Before Y-Care  After Y-Care
- Friday
  - Before Y-Care  After Y-Care

### HOURLY PAYMENT OPTION

- Monday  
AM Hours: \_\_\_\_\_ PM Hours: \_\_\_\_\_
  - Tuesday  
AM Hours: \_\_\_\_\_ PM Hours: \_\_\_\_\_
  - Wednesday  
AM Hours: \_\_\_\_\_ PM Hours: \_\_\_\_\_
  - Thursday  
AM Hours: \_\_\_\_\_ PM Hours: \_\_\_\_\_
  - Friday  
AM Hours: \_\_\_\_\_ PM Hours: \_\_\_\_\_
- Total Hours:** \_\_\_\_\_

### PAYMENT OF FEES

- The registration fee must be paid at the time of registration
- Payments can only be made at the YMCA (in person or over phone), not at the site.
- The Y will only bill the primary account holder
- A \$15.00 fee will be assessed for each non-sufficient fund transaction.
- I understand that if I am receiving financial assistance, I am responsible for any amount not covered by my funding source. Written verification from my funding source must be on file with the YMCA prior to my child's attendance.
- I understand that a \$10.00 late fee will be assessed if payment is not received by the due dates and may result in my child's removal from the program.
- I understand that for each minute after 6:05 p.m., I will be assessed a \$1.00 per minute for late pick up fee.
- A two week written notice needs to be submitted for schedule changes or cancellation from the program.

### Hourly Participants

- I understand that I will be responsible for paying for the schedule outlined above.
- Any adjustments on days or hours, must be submitted with a two week notice.

### Weekly Tuition Participants

- Bank draft is required. This form must be on file prior to my child's start.
- Families are responsible for 18 consistent, bi-weekly payments. Tuition is pro-rated based on number of school days and regardless of my child's attendance. Credits are not given.

I HAVE READ AND UNDERSTAND THE PARENT HANDBOOK AND AGREE TO ABIDE BY ALL THE POLICIES AND PROCEDURES STATED WITHIN THE HANDBOOK.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Director Signature Date