



YMCA OF DANE COUNTY, INC.

CHILD CARE AGREEMENT OF TERMS

Child's Name _____ Birthdate (mm/dd/yyyy) _____
First Middle Initial Last

Address _____ City _____ State _____ Zip _____

PAYMENT OF FEES

Monthly payments will be received by:

- Monthly Bank Draft* Twice Monthly Bank Draft* Check/Cash/Charge (VISA™ & Mastercard™ only) Online payment

1. The non-refundable registration fee of \$50.00 per family must accompany child's completed registration packet.
2. Monthly payments must be received by the 15th of the **month prior to care**. A late fee of \$20 must accompany payments after the 15th.
3. All rates listed on the Child Care Registration are monthly fees, except for School's Out Day Camp.
4. The balance must be paid by the payment due date or I will forfeit my child's space in the program.
5. I understand that fees will not be prorated for partial attendance.
6. No fee adjustments will be made for absences or school closings.
7. A fine will be assessed if my child arrives before opening time or is picked up after closing time or I fail to notify an absence prior to the start of program.
8. I understand that the registration fee is non-refundable and non-transferable.
9. I understand I am responsible for all fees relating to enrollment.
10. I understand a 4 week written notice must be given to terminate my child's enrollment. Tuition must be paid for those 4 weeks.
11. I understand a 2 week written notice must be given to change enrollment. A \$20 fee will be charged for each change of enrollment. (changing day/week or dropping day/week)
12. A \$15 charge is assessed for each non-sufficient funds (NSF) check or unsuccessful bank draft attempt.
13. Holding Fee: If my child will not attend any Child Care for two or more consecutive weeks, I may pay 50% of my child's fees to maintain my child's enrollment in the program. Four weeks advance written notice is required for the rate reduction.
14. **Coordination of payments is the responsibility of those signed below. This includes any remainder after an outside funding source has**

PAYMENT SCHEDULE

<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May
PAYMENT DUE								
August 15	September 15	October 15	November 15	December 15	January 15	February 15	March 15	April 15

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

FUNDING

Outside Source

- W2 County Assistance
- City of Madison
- Employee Discount
- YMCA Financial Assistance
- Other _____

Funding Contact Person _____ Phone # _____

If I am receiving outside assistance, I am responsible for any amount not paid by my funding source. Verification from the funding source must be provided prior to child's attendance.

BANK DRAFT ENROLLMENT/AUTHORIZATION

Draft Options 25th (first draft) & 10th (second draft) 10th only Date First Draft will Occur _____

Name of Account Holder Authorizing Bank Draft _____ Total Due Monthly \$ _____

Bank draft authorization must be completed at the YMCA 30 days before payment is due. **For example, fees will draft on 7/25 and/or 8/10.** Please note: Depending on your date of registration, you may be required to make your first payment at time of registration. I acknowledge cancellation of a pre-authorized bank withdrawal requires a 30 day notice in writing prior to the date of the next scheduled bank withdrawal. This written notice is also required for any bank changes. School year Child Care payments will be cancelled automatically after the April 10th bank draft process. Year round Child Care payments will continue until withdrawal. **Membership cancellation is a separate process.**

Signature _____ Date _____

ATTACH VOIDED CHECK HERE

ADMIN USE ONLY: Voided Check Collected Staff Initials _____ Date _____

OFFICE USE ONLY: Funding Verified _____ % YMCA Scholarship \$ _____ Funded

Bank Draft Setup

Registration Complete Staff Initials _____ Date _____