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Participant Name: _____
 Person Responsible for Payment: _____ Date of Birth ____/____/____
 Payment Plan Choice: Weekly on the Friday before the week of service

Payment Policy and Draft Agreement

- Weekly drafts payments will be processed on the Friday before each scheduled week that you have chosen.
- Semi-Monthly and Monthly drafts will be processed on the dates chosen and will cover all weeks where Monday's date falls in that date range.
- You are responsible for the entire amount for which you are enrolled, **even if your child does not attend.**
- A **\$1 per minute** charge will be added when you are late picking up your child and will be drafted accordingly after the fee is posted.
- All fees from previous YMCA programs must be current in order to enroll.
- To terminate enrollment, you must complete a Change Request Form or submit in writing at the YMCA Facility no later than five (5) business days prior to the week of withdrawal to stop the draft (Afterschool ONLY).

ALL PROGRAMS

• Initial _____ Bank or credit card draft is a **CONTINUOUS**, perpetual draft that ends when the enrolled child care program concludes. I understand there are NO refunds given. **It is my responsibility to check my monthly statements and report any corrections within 30 days to the YMCA.** I also understand that I will not receive a statement or billing for my child care from the YMCA and **depending on the draft option I choose; my childcare draft may start before my child starts the program.**

• Initial _____ It is my complete understanding that if I wish to cancel my child care and withdraw from the program, **I MUST complete the CHANGE REQUEST FORM or submit in writing at least 5 business DAYS** before my draft date. If I wish to change my child care in any way (including changes in my draft information), I **MUST complete the CHANGE REQUEST FORM and it may take up to 10 DAYS** for the change to take effect (forms available at the Member Services Desk).

• Initial _____ Should my child care draft not be honored for **ANY REASON**, I realize that I am still responsible for that payment plus a **\$30 service charge** applied by the YMCA. This is in addition to any service fee I may be charged by my financial institution. If the draft does not go through for a billing cycle, my child care may be subject to termination. Once my past due balance is paid, my child care and draft will be reactivated.

CAMP ONLY

• Initial _____ I understand that my child is registered for _____ weeks of camp. I understand that I am responsible for payments for all sessions for which my child is registered, regardless if they attend or not.

Signature _____ Date _____

FOR OFFICE USE ONLY

Payment Option
 ____ Weekly

1st Draft Date ____/____/____

Checking Savings Visa MasterCard

Last 4 digits on account _____

Staff Signature _____

Program Enrolled _____

Fees:

Current Fees Due \$ _____

Registration Fee \$ _____

Total Due \$ _____

Notes

