



Community YMCA School Age Payment Authorization Agreement

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Austin Road Elementary School 2019-2020

Child's Name: _____ Entering Grade: _____

Registration Fee (Per Child)		\$50					
Before School	Time	Rate					
4-5 Days Per Week	<input type="checkbox"/> 7am-9am	\$250	Attend as needed				
2-3 Days Per Week	<input type="checkbox"/> 7am-9am	\$200	Attend as needed				
After School	Time	Rate	Time	Rate	Time	Rate	Days
5 Days Per Week	<input type="checkbox"/> 6:30 pickup	\$500	<input type="checkbox"/> 5:30 pickup	\$400	<input type="checkbox"/> 4:30 pickup	\$300	
4 Days Per Week	<input type="checkbox"/> 6:30 pickup	\$450	<input type="checkbox"/> 5:30 pickup	\$350	<input type="checkbox"/> 4:30 pickup	\$250	M T W R F
3 Days Per Week	<input type="checkbox"/> 6:30 pickup	\$385	<input type="checkbox"/> 5:30 pickup	\$285	<input type="checkbox"/> 4:30 pickup	\$185	M T W R F
2 Days Per Week	<input type="checkbox"/> 6:30 pickup	\$305	<input type="checkbox"/> 5:30 pickup	\$205	<input type="checkbox"/> 4:30 pickup	\$115	M T W R F
Coupon Books	Time	Rate	Time	Rate	Time	Rate	Days
Before School (10 Visits)	<input type="checkbox"/> 7am-9am	\$200	Attend as needed				
After School (10 Visits)	<input type="checkbox"/> 6:30 pickup	\$400	<input type="checkbox"/> 5:30 pickup	\$300	<input type="checkbox"/> 4:30 pickup	\$200	Attend as needed

*Rotation schedule available. Contact Virginia for more information.

Please communicate any changes in schedule to Virginia at vferrara@ymca-cnw.org at least **15 days** prior to the change. **Changes in schedule made after September 30th will be subject to a \$10.00 fee (per change).**

Tuition is due one month in advance of care, typically August 1st-May 1st. Invoices are not sent, if a receipt is needed please visit our website for our dependent care form. Monthly fees are based on the entire school calendar year, 180 school days divided over ten months; therefore, the monthly fees are always the same. Discounts offered for second child only on monthly tuition.

Automatic Payment

Credit/Debit Card

Name as it appears on card: _____ Zip Code: _____

Card Number: _____ Exp. Date: _____

I agree to the terms of the YMCA of CNW's Payment Plan Authorization Agreement.

Signature: _____ Date: _____

___ E-mail List
___ Form Scanned
___ Roster Updated

___ E-Finesstri
___ Billing Tracker
___ Payment Terms _____