



## Community YMCA School Age Payment Authorization Agreement

FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Fulmar Elementary School 2018-2019

**Child's Name:** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_

**Please check/circle desired programs and pricing.**

<b>Before School</b>					
<input type="checkbox"/> Monthly Tuition	<input type="checkbox"/> 7am-9am	\$250	5 days per week, attend as needed		
<input type="checkbox"/> 10 Visit Coupon Book <small>Current school year only- no refunds</small>		\$150			
<b>After School</b>		<b>Monthly Tuition Rates</b>			
5 days a week	<input type="checkbox"/> 5:00 pickup	\$280	<input type="checkbox"/> 6:30 pickup	\$485	
4 days a week	<input type="checkbox"/> 5:00 pickup	\$250	<input type="checkbox"/> 6:30 pickup	\$445	M T W TH F
3 days a week	<input type="checkbox"/> 5:00 pickup	\$220	<input type="checkbox"/> 6:30 pickup	\$370	M T W TH F
2 days a week	<input type="checkbox"/> 5:00 pickup	\$190	<input type="checkbox"/> 6:30 pickup	\$290	M T W TH F
*Additional pricing for 6:30 add-on days, contact Virginia					
10 Visit Coupon Book <small>Current school year only- no refunds</small>		\$400			
<b>Registration Fee</b>		\$10			
<b>Annual Program Member Fee</b>		\$50			
<b>Second Child Discount</b>		5%			
<b>Optional Donation for scholarships</b>		\$			

\*If you have a rotation schedule or other option not listed, please contact Virginia.

Please communicate any changes schedule to the administration office at least **30 days** prior to the change.  
**There will be no refunds of already processed payments.** Fees will apply to late or declined payments.

Tuition is due one month in advance of care, typically August 1<sup>st</sup>-May 1<sup>st</sup>. 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 \_\_\_\_\_