



# Community YMCA Learning Center Payment Authorization Agreement

FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Preschool Program

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>YMCA Annual Program Membership</b>	\$50		\$50
<b>Registration Fee</b>	\$10		\$10
<input type="checkbox"/> <b>Preschool Full Days</b> 5 days a week, 7am-6:30pm	\$1035		\$
<input type="checkbox"/> <b>Preschool Full Days</b> 4 days a week, 7am-6:30pm	\$925	M T W TH F	\$
<input type="checkbox"/> <b>Preschool Full Days</b> 3 days a week, 7am-6:30pm	\$815	M T W TH F	\$
<input type="checkbox"/> <b>Preschool Full Days</b> 5 days a week, 7am-12:30pm	\$550		\$
<b>Contribution to Annual Campaign (optional)</b>	\$		
<i>10% discount on second child enrolled in LC</i>			
<i>5 % discount on second child enrolled in SACC</i>			
		<b>Total</b>	<b>\$</b>

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 billed on the 15<sup>th</sup> of the month prior to care. Invoices are not sent, if a receipt is needed please visit our website for our dependent care form.

### 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 \_\_\_\_\_

### **If Required:**

Med Consent & Care Plan  
 Medications indicated on consent  
 Medical