



**Community YMCA Learning Center
Payment Authorization Agreement**

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Preschool Program

Child's Name: _____ Age: _____ DOB: _____

YMCA Annual Program Membership	\$50		\$50
Registration Fee	\$10		\$10
<input type="checkbox"/> Preschool Full Days 5 days a week, 7am-6:30pm	\$1020		\$
<input type="checkbox"/> Preschool Full Days 4 days a week, 7am-6:30pm	\$915	M T W TH F	\$
<input type="checkbox"/> Preschool Full Days 3 days a week, 7am-6:30pm	\$805	M T W TH F	\$
<input type="checkbox"/> Preschool Full Days 5 days a week, 7am-12:30pm	\$540		\$
Contribution to Annual Campaign (optional)	\$		
<i>10% discount on second child enrolled in LC</i>			
<i>5 % discount on second child enrolled in SACC</i>			
		Total	\$

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 15th 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: _____

Bank Draft *please include voided check

Bank Name: _____ Bank address: _____

Account Number: _____ Bank Routing Number: _____

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