



Community YMCA Learning Center
Payment Authorization Agreement

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Toddler Program

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

Table with 4 columns: Program Name, Price, Days, and Total. Rows include YMCA Annual Program Membership, Registration Fee, and various Toddler Full Days and Half Days options.

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: _____

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