



# Community YMCA School Age Payment Authorization Agreement

FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Primrose Elementary School 2018-2019

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

After School		Monthly Tuition Rates	
5 days a week	<input type="checkbox"/> 6:30 pickup	\$485	
4 days a week	<input type="checkbox"/> 6:30 pickup	\$445	M T W TH F
3 days a week	<input type="checkbox"/> 6:30 pickup	\$370	M T W TH F
2 days a week	<input type="checkbox"/> 6:30 pickup	\$290	M T W TH F
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 \_\_\_\_\_