



**Community YMCA School Age
Payment Authorization Agreement**

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Lakeview Elementary School
2017-2018**

Child's Name: _____ **Entering Grade:** _____

Please check/circle desired programs and pricing.

Before School					
<input type="checkbox"/> Monthly Tuition	<input type="checkbox"/> 7am-8am	\$200	5 days per week, attend as needed		
<input type="checkbox"/> 10 Visit Coupon Book <small>Current school year only- no refunds</small>		\$150			
After School		Monthly Tuition Rates			
5 days a week	<input type="checkbox"/> 5:00 pickup	\$310	<input type="checkbox"/> 6:30 pickup	\$499	
4 days a week	<input type="checkbox"/> 5:00 pickup	\$280	<input type="checkbox"/> 6:30 pickup	\$453	M T W TH F
3 days a week	<input type="checkbox"/> 5:00 pickup	\$250	<input type="checkbox"/> 6:30 pickup	\$365	M T W TH F
2 days a week	<input type="checkbox"/> 5:00 pickup	\$220	<input type="checkbox"/> 6:30 pickup	\$300	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			
Registration Fee		\$10			
Annual Program Member Fee		\$50			
Second Child Discount		5%			
Optional Donation for scholarships		\$			

*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 1st-May 1st. 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 _____