



**Community YMCA School Age  
Payment Authorization Agreement**

**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Pequenakonck Elementary School/North Salem Middle School  
2017-2018**

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

<b>Before School</b>			
<input type="checkbox"/> Monthly Tuition	<input type="checkbox"/> 7am-8:15am	\$210	5 days per week, attend as needed
<input type="checkbox"/> 10 Visit Coupon Book <small>Current school year only- no refunds</small>		\$150	
<b>After School</b>		<b>Monthly Tuition Rates</b>	
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
<b>Middle School</b>			
4-5 days/week	<input type="checkbox"/> 6:30 pickup	\$410	
2-3 days/week	<input type="checkbox"/> 6:30 pickup	\$298	
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 \_\_\_\_\_

**If Required:**

- \_\_\_ Med Consent & Care Plan
- \_\_\_ Medications indicated on consent
- \_\_\_ Medical