



Community YMCA School Age Payment Authorization Agreement

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primrose Elementary School 2017-2018

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	
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 _____