



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SITE: _____
of Days: _____
AM/PM: _____

CHILDCARE PAYMENT AGREEMENT

Name of Child(ren): _____
Parent / Guardian: Last Name: _____ First Name: _____
Address: _____ Best Contact #: _____
City: _____ State: _____ Zip Code: _____
EMAIL ADDRESS: _____

- FILL OUT INFORMATION BELOW -
-FILL OUT INFROMATION BELOW-

Payment through electronic funds transfer		
_____ Checking Account (attached voided check)	Routing #: _____	Accounting #: _____
_____ Visa _____ MC _____ Discover	Card#: - - -	Expiration Date: / /
Payment Amount \$		

Name on Account (if different from above): _____
Billing Address (if different from above): _____
Dates of withdrawals if care is not ongoing: _____

- 1) I authorize the Y to debit \$_____ from the above listed account on Wednesday of each week. If the Wednesday is a holiday the debit will occur on the next banking business day.
(Please Initial _____)
- 2) If my childcare payment should not be honored, I realize I am responsible for the childcare payment and a service charge applied by the YMCA. (\$10 LATE PAYMENT FEE/\$35 RETURN PAYMENT FEE/\$1.00 per minute after 6PM late fee)
(Please Initial _____)
- 3) I agree to give the Y two weeks' notice of any change to my child's attendance in Y care or a change to the above listed account information.
(Please Initial _____)
- 4) The YMCA may, adjust weekly rates applicable to my category of childcare. I understand that notice of any change will be mailed to my address of record at least four weeks prior to any change.
(Please Initial _____)

My below signature acknowledges that I have read and agree to the above:
Authorized Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY:	FORM REC'D FROM: _____	DATE ENTERED: ____/____/____
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