YMCA of Greater Brandywine: Childcare Early Learning Ctr/Montessori Fee Agreement

Please *write in the program* your child will be attending. Fees are listed as WEEKLY. Payments are made via auto-draft each Sunday, **two weeks prior to care**. Late tuition fee is 10% of the weekly tuition and assessed on Mondays. I understand I have until YMCA closing (or 11:59pm online) on Sundays to pay my account. **(there are member/nonmember rates)**

Office Use	Program (enter location/program)	Days	Time	Fee

Arrival Time: _ _: _ _ **Departure Time:** _ _: _ _

Weekly Fee	$
-Discount (One per child) Financial Assistance/Sibling/Staff	-$
TOTAL WEEKLY FEE	**$**

Do you qualify for a reduced rate? (One discount per child)

Chester County Assistance (CCW) □ Yes □ No YMCA Employee Discount □ Yes □ No

YMCA Financial Assistance (CCW application required. A copy of the determination letter is needed before YMCA Financial Assistance can be applied.) □ Yes □ No Sibling Discount □ Yes □ No

Do you have a sibling(s) registered in the same or another program?

Sibling's Name(s): _____ Program: _____

Person(s) Designated By Parent To Whom Child May Be Released: (Person(s) also need to be indicated in ePACT.)

Name: _____Cell #: _____

Address: _____

Name: _____Cell #: _____

Address: _____

I received a complete copy of the parent handbook and written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121) Parent Signature:
I agree to update the emergency contact/parental consent form information whenever there are changes or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124) Parent Signature:
I also understand that a child health report is due at the beginning of the school year for my child. If it is not received before the first day of school, then my child may be removed from the program. Parent Signature:
Parent/Guardian Signature: **Date:**
6 Month Review Parent/Guardian Signature: **Date:**
Director/Registrar Signature: **Date:**
Membership Confirmed: Yes No / Date of Admission: / Date of Withdrawal:

PROGRAM DRAFT AUTHORIZATION FORM
Childcare Early Learning Center/Montessori Program

Participant's Name(s)

_____

_____

Home Phone _____

Cell Phone _____

Address on Account ☐ Check if address has changed

Street _____

City, State, Zip _____

Email _____

Weekly Payment
Weekly draft amount is based on authorized registration and current rates. **Tuition drafts every Sunday, two weeks prior to care.**
(CCW co-pays will draft in accordance with the CCW payment policy.)

Weekly Draft Amount

$_____

I understand this automatic payment authorization is continuous until the end of the program. I understand I am responsible for submitting account changes in writing 7 business days before a draft. I understand I am responsible for reviewing my bank/credit card statement to ensure a draft has been stopped following my written notice. No refunds or credits are given. I understand I am responsible for fees if the YMCA is unable to debit my account because of account changes or insufficient funds. Returned drafts incur a $20 service charge. Pricing is subject to change with 30 days written notice. I have read and understand the terms of this agreement. I authorize my bank to honor pre-verified and/or verified weekly automatic YMCA program fees and other authorized charges.

Print Payer Name _____

Payer Signature _____ **Date** _____

_____

Credit or Debit Card

Credit Card listed must be saved under the signing payer on this authorization.

___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

Card # ___ ___ ___ ___ (last 4 digits only)

***** Please provide your full credit card number to member services or update your credit card via your Y account online. *****

----------The portion below will be detached and shredded. ----------

CVV # _____