

Today's Date	
Month/Day/Year	

Participant Nan			
	sible for Payment:	Date of Birth/ Monthly($1^{st}/15^{th}$ or $5^{th}/20^{th}$) Monthly($1^{st},5^{th},15^{th}$, or 20^{th})	
rayment rian (Choice (chicle one). Weekly Senii	-Monthly(1-715-01-5-720)	14011tilly(134,554,1544, 01 2044)
 Weekly Semi-I falls in You ar A \$1 r the fee All fee To terr 	olicy and Draft Agreement y drafts payments will be processed on the Monthly and Monthly drafts will be processed that date range. The responsible for the entire amount for whoer minute charge will be added when you the is posted. The strength of the str	ed on the dates chosen and will covict you are enrolled, even if your are late picking up your child and current in order to enroll. hange Request Form or submit in v	child does not attend. will be drafted accordingly after writing at the YMCA Facility no later
• Initial	ALL PROGRAMS Bank or credit card draft is a CONT program concludes. I understand the monthly statements and report that I will not receive a statement of draft option I choose; my childen	here are NO refunds given. It is m any corrections within 30 days or billing for my child care from the	y responsibility to check my to the YMCA. I also understand YMCA and depending on the
Initial Initial	It is my complete understanding th I MUST complete the CHANGE R before my draft date (Afterschool C changes in my draft information), I take up to 10 DAYS for the change Should my child care draft not be h that payment plus a \$30 service of may be charged by my financial in	REQUEST FORM or submit in write DNLY). If I wish to change my child in MUST complete the CHANGE Rigge to take effect (forms available at a charge applied by the YMCA. This is stitution. If the draft does not go the submit of t	ting at least 5 business DAYS care in any way (including EQUEST FORM and it may the Member Services Desk). e that I am still responsible for s in addition to any service fee I brough for a billing cycle, my child
• Initial	care may be subject to termination reactivated. CAMP ONLY I understand that my child is regist responsible for payments for all seen not.	ered for weeks of cam	p. I understand that I am
Signature _		Date	
FOR OFFICE U	JSE ONLY		
o Payment Opti Weekly Semi-Mont Monthly 1st Draft Date _	thly 1 st &15 th or 5 th &20 th 1 st 5 th 15 th 20 th	Program Enrolled Fees: Current Fees Due Registration Fee	\$ \$
o Checking o S	Savings o Visa o MasterCard	Total Due	\$
	n account	Notes	τ
Staff Signature			