



School Age Child Care Payment Agreement

Hampshire Regional YMCA

286 Prospect Street, Northampton MA 01060

413-584-7086

Child's name _____

Parent/Guardian name _____

Address _____

Phone _____ Email _____

School _____ Date _____

After School Monthly Payment _____ Before School Monthly Payment _____

_____ I will be using a New England Farmworkers' Voucher _____ I will be using financial assistance

Be advised all payments are due the 20th of the month for the following month's program. Payments made after the 25th of the month will incur a \$10 late fee. If payment is not received before the 1st of the month your child will be suspended from the program until all payments are made.

Please select your payment method below

_____ Bank Draft – drafts will be processed on the 20th of the month, if the 20th falls on a holiday or weekend the draft will be processed the next business day. Please attach a voided check when submitting this form. Please initial below:

_____ Should any charge not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$25.00 service charge applied by the YMCA. This is in addition to the service fee my bank may charge.

_____ Guardians that default on two bank drafts will be ineligible for Bank Draft immediately and will need to pay one month in advance for care.

_____ The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my child's care. I understand that I will receive notice at least 30 days prior to any such change.

_____ Credit/Debit Card – drafts will be processed on the 20th of the month, if the 20th falls on a holiday or weekend the draft will be processed the next business day

Name on Card _____

Card # _____

CVV Code _____ Expiration _____

_____ Monthly Coupon – You will be sent a set of monthly coupons to use when making your payment. Payment is due by the 20th of the month. Voucher families – your coupon will show your weekly parent fee as well as the monthly total, you may pay by the week or biweekly. All fees must be paid by the 20th

Please let us know if there are any changes to your bank or credit information above

Any changes to your child's schedule must be submitted, approved and processed by the 15th of the month preceding the month of service. A new payment agreement must be signed for the change. I acknowledge receipt of the above payment plan and understand and agree to the terms states herein. If selected, I authorize Hampshire Regional YMCA to charge my credit/debit card or draft from my bank account the fees stated above. The Authorization remains in effect until I cancel such authority. I understand that if my payment is not received by Hampshire Regional YMCA before the 1st of the month that my child will not be allowed to participate in the program until all fees are paid and current.

Signature

Date