



# SCHOOL AGE CHILD CARE PAYMENT AGREEMENT 2024/2025

Child's Name: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

After School Monthly Payment: \_\_\_\_\_

I will be using a SEVENHILLS Voucher     I will be using Financial Assistance

Be advised all payments are due the 1st of the month for the current month's program. Payments made after the 1st of the month will incur a **\$10 late fee**. If payment is not received before the 5th of the month your child will be suspended from the program until all payments are made.

**Please check the days you plan to attend:**

	Tuesdays/Thursdays	Mondays/Wednesdays/Fridays	Monday-Friday
After School 2:10pm-6:00 pm			

### SCHOOL YEAR 2024-2025 RATES: (MONTHLY RATES)

		2 DAYS TUE/THU	3 DAYS MON/WED/FRI	5 DAYS MON-FRI
2:10PM – 6:00PM	Y Member	\$184.00	\$263.00	\$447.00
	Non Member	\$212.00	\$302.00	\$514.00

### NEW! HALF DAY ADD-ON (OPTIONAL FOR MONTHLY DRAFT)

If a child is withdrawn from the program before the end of the school year we will calculate if there is a balance due for the half days that have occurred or if we need to credit their account. Failure to attend a half day will not result in a credit on account.

	2 DAYS TUE/THU (covers 5 half days)	3 DAYS MON/WED/FRI (covers 8 half days)	5 DAYS MON-FRI (covers 13 half days)
Y Member	\$12.80/month	\$20.40/month	\$33.20/month
Non Member	\$14.70/month	\$23.50/month	\$38.20/month



# SCHOOL AGE CHILD CARE PAYMENT AGREEMENT 2024/2025

### Please select your payment method below

**Bank Draft:** drafts will be processed on the 1st of the month, if the 1st 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 1st of the month, if the 1st falls on a holiday or weekend the draft will be processed the next business day.

Name on Card:	
Card #:	CVV Code:
Expiration:	

### 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: \_\_\_\_\_