



YMCA After School Payment Contract 2009—2010

Child's Name: _____

After School Site: _____

Monthly fees

Full Time Rates (4 days or more)

___ Family Member Rate	\$215.00 per child/month (\$107.50 semi-monthly)
___ Activity Member Rate	\$240.00 per child/month (\$120.00 semi-monthly)
___ School District/City Employee Rate*	\$160.00 per child/month (\$80.00 semi-monthly)

**School District/City Employee's must provide proof of employment.*

Additional Child Rates

___ Family Member Rate	\$200.00 per child/month (\$100.00 semi-monthly)
___ Activity Member Rate	\$225.00 per child/month (\$112.50 semi-monthly)
___ School District/City Employee Rate*	\$160.00 per child/month (\$80.00 semi-monthly)

**School District/City Employee's must provide proof of employment.*

___ Part-time (3 days or less) \$160.00 per child/month (\$80.00 semi-monthly)

Billing Options

Please check one Billing option:

Option 1: Draft (Choose Draft to waive the Registration fee)

___ Monthly 1st ___ Monthly 15th ___ Semi-monthly (1st & 15th)

Option 2: Manual Payments

___ Monthly 1st ___ Monthly 15th ___ Semi-monthly (1st & 15th)

Draft Information:

Credit Card Type (please circle) Visa MasterCard Discover American Express

Credit Card Issuer: _____

Credit Card #: _____

Expiration Date: _____ CVV2: _____

Checking Account (Must provide voided check)

Sign up fees

Registration Fee: \$ _____ + Prorated Amount: \$ _____ = \$ _____

First Payment Due on _____

By my signature, I do hereby agree to allow the Frisco Family YMCA to draft, where applicable, my bank account or credit card for payment for the Frisco YMCA after school program. I understand that my payments will be the same as the amount listed above REGARDLESS the number of days my child attends. I understand that it is my responsibility to notify the YMCA of any bank or credit card changes. **I understand if my checking account returns as insufficient or declined my credit card will automatically be debited. The YMCA will charge \$25 fee for returned payments due to insufficient funds, closed accounts or stopped payments. A 7-day written notice is required for cancellation of the program. The Frisco YMCA has the right to revoke care if the balance exceeds 30 days past due. Balances over 30 days past due may be sent to collections.**

Printed Name: _____

Signature: _____ Date: _____

Member # _____ Staff Initials _____	Office Use Approved: _____
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