



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Lake View YMCA 2016-2017 School Aged Child Care

## Registration Dates (in person ONLY):

Before/After School

Monday, April 4<sup>th</sup> – Member Registration Opens

Monday, April 4<sup>th</sup> – Non-Member Registration Opens

After School Options		
School	Time	M/NM
Burley Monday-Friday	3-6pm	\$295/\$395
Burley 3-day	3-6pm	\$174/\$284
Hamilton Monday-Friday	2:45-6pm	\$295/\$395
Hamilton 3-day	2:45-6pm	\$174/\$284
Peirce Monday-Friday	3-6pm	\$295/\$395
Peirce 3-day	3-6pm	\$174/\$284
Jahn Monday-Friday	3-6pm	\$295/\$395
Jahn 3-day	3-6pm	\$174/\$284

Before School Options		
School	Time	M/NM
Burley M-F	7-8am	\$100/\$130
Peirce M-F	7-8am	\$100/\$130
Chappell M-F	7-8:30am	\$147/\$187

## How does child care payment work?

All Child Care payments will be drafted monthly on the first of each month from September through May for the 2016-2017 school year.

## How we calculate the cost?

We add all school attendance days across the school year and divide it evenly by the number of months drafted, so participants are paying the same amount each month.

The items below are calculated into the costs as well:

- CATCH Curriculum Implementation
- Scheduled Staff Development and On-going Trainings throughout the Year
- Increase in rental fee
- Supplies, Lesson Planning and Curriculum Development
- Increase in supply costs



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# School Age Childcare Registration Form

## CHILD INFORMATION

Please complete one registration form per child.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Family Email Address: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Registration for:  5-days per week  3-days per week Which 3 days? Monday Tuesday Wednesday Thursday Friday

Registration for (please check all that apply):  Before School (Burley or Peirce Only)  After School

## AUTOMATIC DEDUCTION INFORMATION

I hereby authorize The Young Men's Christian Association of Metropolitan Chicago (YMCA) and the Financial Institution designated below to begin automatic deductions from the account designated below in the amount of my monthly School Age Childcare dues and fees. I acknowledge that the origination of deductions from my account must comply with provisions of US law.

### For automatic payments from my checking or savings account:

Financial Institution: \_\_\_\_\_  Savings  Checking  Other \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### For automatic payments from my credit or debit card:

Charge my Credit/Debit Card:  Visa  Discover  MasterCard Account Number: \_\_\_\_\_

Security Code (Last 3 digits located on back of card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

I understand that my monthly bank/credit card statement should show the amount and date payment was made to the YMCA. I understand that I am responsible for ensuring that the account designated above has sufficient funds/credit on my automatic payment date to allow for the automatic deduction/charge of my payment.

## ASSESSMENT OF FEES

Monthly Fee Before Care ..... \$ \_\_\_\_\_

Monthly Fee After Care ..... \$ \_\_\_\_\_

TOTAL MONTHLY DRAFT CHARGE ..... \$ \_\_\_\_\_

First deduction will occur on \_\_\_\_\_ (month) of \_\_\_\_\_ (year).

### The deduction of charge will occur on the 1<sup>st</sup> of each month.

I understand that the authority shall remain in full force and effect, and the Payment Plan shall continue each month until May of 2016.

I understand that for cancellation of School Age Childcare dues and fees, I have notified the Youth and Family Director at least 15 days prior to my monthly payment date in writing.

I understand that I will receive written notice in advance of any change in the date of the Payment Plan or for any change in the amount due, and I authorize the YMCA to use such changed date or amount after the written notice is sent to me, unless I cancel this authority and the Payment Plan as provided above. I understand that it is my responsibility to update my contact information when there is a change of name, address, or financial institution or account.

I understand that the YMCA has the right to cancel my participation in the School Age Childcare draft payment plan if it is unable to collect any payment due, and that I am liable for any uncollected payments and for any fees or penalties imposed by the YMCA or by my financial institution.

I understand that there is a \$25 service charge assessed by the YMCA on all returned checks and declined monthly credit card/checking account drafts.

I understand that if I change my Financial Institution and/or change the type of draft account, I need to come in and sign a new Authorization Agreement.

I acknowledge that I have read this agreement and received a copy

Printed Name of Account Holder

Signature of Account Holder

Date