

# YMCA OF GREATER SEATTLE

## Child Care Reservation Form 2017-2018 School Year

### YMCA School Age Programs: Horace Mann, Opstad, Sierra Heights



#### CHILD'S INFORMATION

Legal First Name	MI	Legal Last Name
School Attending in the Fall	Date of Birth	Grade in Fall

MONTHLY CARE OPTIONS	FACILITY MEMBER RATE	PROGRAM MEMBER RATE
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<input type="checkbox"/> <b>Before School Care</b> <ul style="list-style-type: none"> <li>Cost includes Before School Care</li> <li>Does not include cost of Early Release days, Non-Student Days and Breaks</li> </ul>	\$310/month	\$360/month
<input type="checkbox"/> <b>After School Care</b> <ul style="list-style-type: none"> <li>Cost includes After School Care, Early Release Days</li> <li>Does not include cost of Non-Student Days &amp; Breaks</li> </ul>	\$410/month	\$465/month
<input type="checkbox"/> <b>After School Care PLUS</b> <ul style="list-style-type: none"> <li>Cost includes After School Care, Weekly Early Wednesday Release, Early Release Days, Non-Student Days &amp; Breaks</li> </ul>	\$470/month	\$525/month
<input type="checkbox"/> <b>Before and After School Care</b> <ul style="list-style-type: none"> <li>Cost includes Before &amp; After school care, Weekly Early Wednesday Release, Early Release Days, Non-Student Days and Breaks</li> </ul>	\$560/month	\$620/month

YMCA School Age Program Site:

Horace Mann
  Opstad
  Sierra Heights

**Please note:** Financial assistance may be available through State funding, as well as limited funds through the Y. For State DSHS subsidy visit [www.washingtonconnection.org](http://www.washingtonconnection.org). If you don't qualify you may be eligible for financial assistance through the Y and can find our financial assistance application online at [www.ykids.org](http://www.ykids.org).

#### PARENT/ GUARDIAN CONTACT INFORMATION

Legal First Name	MI	Legal Last Name
Email	Phone Number	

#### DISCLOSURE STATEMENT AND ACKNOWLEDGEMENT

The YMCA will be accepting Child Care Reservation forms from our CURRENTLY ENROLLED families as an early registration option from Monday, April 17<sup>th</sup> through Friday, April 21<sup>st</sup> for our school age child care programs. Registration will open to the public at 8:00 am on Monday, April 17<sup>th</sup>. At this time, you will be charged a \$50 registration fee to hold your spot. We will charge the card or account on file for your current payments. If this charge presents a challenge, please email [eastsidechildcare@seattleyymca.org](mailto:eastsidechildcare@seattleyymca.org). Filling out this Child Care Reservation Form does not guarantee your child a spot in this program. IF demand is higher than available spots, they will be filled on a first come, first serve basis. Families will be required to complete a Child Care Registration Packet to officially register your child.

**Thank you for your interest in the Y! For info on our other great programs visit [ykids.org](http://ykids.org)**



# YMCA OF GREATER SEATTLE

## Payment Authorization Form – Youth Enrichment Programs

**PRIMARY MEMBER**

<i>Legal First Name</i>	<i>MI</i>	<i>Legal Last Name</i>
<i>Address</i>		<i>Phone Number</i>

**PAYMENT AUTHORIZATION (Please select preference for payment method.)**

Please charge my Electronic Funds Transfer on file. Type of account:  Checking  Savings

Please charge my Credit Card or Debit Card on file ending in \_\_\_\_ \_ \_\_\_\_ \_

I will log in to my Active account to enter Credit Card or Debit Card information before the 1<sup>st</sup> of the month. I understand I will not be fully registered until this is provided.

Please contact me for payment information. I understand that I will not be fully registered until this is provided.

**Please read and initial/sign below.**

I understand that I will be charged on the 1 <sup>st</sup> of the month my child attends. ____ initial I understand that changes and cancelations need to be made in writing 30 days prior to each month to avoid being charged for the month. ____ initial (DSHS Families Only) I Understand that my co-payment for care is due on the 25th of the month preceding care. ____ initial	
I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA on my account for YEP payments and when my financial institution honors such debits by charging my account this shall constitute my receipt for payment. ____ initial	I hereby authorize the YMCA to charge my credit card on a monthly basis for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment. ____ initial

**YMCA OF GREATER SEATTLE FINANCIAL POLICIES**

- I further stipulate the following conditions (please read and sign at the bottom):*
- I understand that the YMCA membership and programs are continuous and that monthly charges or debits, as indicated above, will continue until I give written notice to change or terminate the membership or program.
  - I understand any custody agreements involving division of program costs are solely between the legal parties involved and are outside the Payment Agreement made with the YMCA of Greater Seattle.
  - **I understand that I must give the YMCA written notice (in person or by email ONLY) 30 days prior to the next scheduled draft to change or cancel my membership or program fees. Failure to do so will make the subsequent draft non-refundable.** Any outstanding balances will be due at the time of cancellation. I am liable for any fees that the YMCA may incur in its effort to collect any remaining balance due
  - I understand that I must inform the YMCA 14 days in advance of any changes to my name, address, telephone number or payment information. Failure to provide the YMCA with current information may result in non-refundable fees and that I am personally responsible for any payments not processed by my financial institution and/or the YMCA
  - I understand that the YMCA will notify me at least 30 days in advance of any increase to my monthly membership dues or program fees.
  - I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.
  - I understand and authorize that NSF or collection of fees will be charged to me for any declined or returned monthly dues. Such non-sufficient fees will be the maximum amount allowed by law and will include applicable taxes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_