

**School Age Child Care Reservation Form 2018 - 2019 School Year  
BELLEVUE FAMILY YMCA**



**CHILD S INFORMATION**

Legal First Name	MI	Legal Last Name
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School Attending in the Fall	Date of Birth	Grade in Fall	Gender
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Our currently enrolled student has a sibling entering Kindergarten in the 2018-2019 school year.

Sibling Name	Date of Birth
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MONTHLY CARE OPTIONS	FACILITY MEMBER RATE	PROGRAM MEMBER RATE
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MONTHLY CARE OPTIONS	FACILITY MEMBER RATE	PROGRAM MEMBER RATE
<input type="checkbox"/> <b>Before School Care</b> <ul style="list-style-type: none"> <li>Includes Before School Care only</li> <li>Does not include Early Release Days, Non-Student Days or Breaks</li> </ul>	<b>\$315 per month</b>	<b>\$375 per month</b>
<input type="checkbox"/> <b>After School Care</b> <ul style="list-style-type: none"> <li>Includes After School Care and Early Release Days</li> <li>Does not include Weekly Wednesday Early Release Days, Non-Student Days or Breaks</li> </ul>	<b>\$420 per month</b>	<b>\$480 per month</b>
<input type="checkbox"/> <b>After School Care PLUS</b> <ul style="list-style-type: none"> <li>Includes After School Care, Early Release Days, Weekly Wednesday Early Release Days, Non-Student Days and Breaks</li> </ul>	<b>\$480 per month</b>	<b>\$545 per month</b>
<input type="checkbox"/> <b>Before and After School Care</b> <ul style="list-style-type: none"> <li>Includes Before and After School Care, Early Release Days, Non-Student Days and Breaks</li> </ul>	<b>\$570 per month</b>	<b>\$645 per month</b>

**YMCA School Age Program Site**  Horace Mann

**Financial Assistance**  
 Financial assistance may be available through State funding, as well as limited funds through the Y. If you currently receive WCCC subsidy, the \$50 registration fee is paid through DSHS. If you currently receive financial assistance through the Y, we will charge the \$50 registration fee at this time. If this creates a hardship, please let us know. You can find the YMCA Financial Assistance application at [ykids.org](http://ykids.org). For State DSHS subsidy, visit [www.washingtonconnection.org](http://www.washingtonconnection.org).

**PARENT/GUARDIAN CONTACT INFORMATION**

Legal First Name	MI	Legal Last Name
Date of Birth	Gender	
Email	Phone Number	

**ADDITIONAL QUESTIONS**

Do you have any health concerns, allergies, dietary restrictions or behavior concerns we should be aware of?

**DISCLOSURE STATEMENT AND ACKNOWLEDGMENT**

The YMCA will be accepting School Age Child Care Reservation Forms from our currently enrolled families as a priority registration option from Wednesday, January 24 to Friday, February 9. Through Friday, February 9, currently enrolled families who complete this form and payment of the \$50 registration fee will be guaranteed a spot. Registration will open to the public at 8:00am on Monday, February 12 and spots will then be filled on a first come, first serve basis.

Upon submission of this form, 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. Monthly payments will default to the 1st of each month unless other arrangements are made. If this charge presents a challenge, please email [eastsidechildcare@seattleyymca.org](mailto:eastsidechildcare@seattleyymca.org). Families will be required to complete a Child Care Registration Packet to officially register your child.

**Cancellation Policy:** Must provide two weeks written notice. If payment is already made, we will issue a partial refund. If payment is not made yet, we will adjust your upcoming payment based on when the two weeks notice is given.

PARENT/GUARDIAN SIGNATURE	DATE
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# PAYMENT AUTHORIZATION FORM

YMCA OF GREATER SEATTLE

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Accepted By

Customer ID

## 1 PRIMARY MEMBER

Please print legibly

Check ID

Legal First Name	MI	Legal Last Name		
Street Address	Apt	City	State	Zip Code
Primary Phone			Date of Birth	

## 2 PAYMENT AUTHORIZATION

**YMCA Membership**     **YMCA Activities & Programs**

**Electronic Funds Transfer**

Please attach a voided check and fill out the following account information.

**Type of Account:**  Checking  Savings

Debit date will be recurring based on transaction date or established payment plan.

Name on Account (please print)

Last four digits of Routing Number

Last four digits of Account Number

I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or \*ACT.

Initials

**Recurring Credit Card or Debit Card**

Please fill out the following account information.

**Type of Account:**  Visa  MC  Amex  Discover

Charge account date will be recurring based on transaction date or established payment plan.

Name as it appears on Credit Card (please print)

Last 4 digits on Credit Card

Expiration Date

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.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or \*ACT.

Initials

## 3 FINANCIAL POLICIES

**I further stipulate the following conditions (please read and sign at 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 seven (7) days written notice to change or terminate the membership or program. The frequency and occurrence of my visits has no bearing on my monthly dues.

Initials

I understand that my automatic payment will repeat monthly on the same date as today's date. Any changes made to my membership account will change my automatic payment date to the date of the account change.

Initials

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.

Initials

I understand that I must inform the YMCA seven (7) days in advance of any changes to my name, address, phone number or payment information. Failure to provide the YMCA with current information may result in non-refundable fees. I understand I am personally responsible for any payments not processed by my financial institution and/or the YMCA.

Initials

I understand and authorize that NSF or collection of fees may be charged to me for any declined or returned payments. Such non-sufficient fees will be the maximum amount allowed by law and will included applicable taxes.

Initials

I understand that I may cancel at any time, but my membership will be valid through the last day covered by my most recent automatic payment (valid through the membership expiry date). 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.

Initials

I understand that this authorization includes any future payment methods I add/update to my YMCA online account, and/or payment information automatically updated by my financial institution

Initials

Signature

Date