



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Payment Information:

Childs Name: _____ Weekly Tuition: _____

Schedule (circle one): 2 DAY AM 5 Day AM 5 Day ODE Grant Pre-K program
 Tue & Thur Mon - Fri Mon- Fri

Class Options	Morning 8:45 AM-11:30 AM Tue & Thurs	Morning 8:45 AM -11:30 AM Mon-Friday	Afternoons 12:30 PM - 3:15 PM Mon-Friday
Tuition	\$30.00 weekly	\$75.00 weekly	Sliding scale- based on ODE grant requirements

Registration Fee: A registration fee of \$25.00 for one child and \$50.00 for two or more children is due at the time of registration. The registration fee is **non-refundable**.

Program Fees: It is my complete understanding that I am responsible for seeing that all payments are complete. Failure to do so may result in dismissal from the program. It is also my complete understanding that if I wish to terminate or change my child care registration in any way, I must provide the YMCA Child Care Registrar Office a **14 day written notice** prior to my next payment due date. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends the program.

I will pay my fees using the following method :

_____ Auto Draft: I would like to have my fees automatically deducted weekly. ***Please fill in payment information below**

Credit Card Draft: VISA MC AM EXP DISC	Expiration Date:	Security Code:
Card Holder Name:	Credit Card Number:	
Bank Draft: List bank name	Account Number:	
Account Type: Checking or Savings	ABA Routing #:	
Name on Account:	Billing Address/ Zip code:	

I authorize the YMCA of Central Ohio to debit the above account on the date indicated each month for child care services. Should any debit not be honored by my bank/credit card company, I understand that I am still responsible for the payment, plus a \$20 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card company may require.

Signature: _____ Date: _____