

Payment Schedule For: Apr/May 2018

***** RETURN BY: April 6th *****

ATTENDANCE AGREEMENT for Kenosha YMCA Before & After School Program
7101 53rd St Kenosha, WI 53144 / Ph: 262.654.YMCA(9622)

Students Name

Students School

Directions: Choose from each day of care needed.

Before School: Circle the word **Before** on the dates you need morning care. **Write estimated time child will arrive in program.**

After School: Circle the word **After** on the dates you need afternoon care. **Write estimated time child will be picked up.**

****Fridays are early release days for most schools therefore have a different daily rate****

Sign: Parent signature is **required** on the bottom.

Monday	Tuesday	Wednesday	Thursday	Friday	
16	17	18	19	20	
Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	
After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	
23	24	25	26	27	Total = \$
Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	
After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	
30	1	2	3	4	Total = \$
Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	
After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	
7	8	9	10	11	Total = \$
Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	
After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	

Before	_____ X \$8.00 = \$ _____
After	_____ X \$12.00 = \$ _____
Fri, Early Release or 1/2 day	_____ X \$17.00 = \$ _____
Late Payment Fee	\$5.00 = \$ _____
Late Payment Schedule Fee	\$5.00 = \$ _____
Transportation Fee (CFB only)	\$50.00 = \$ _____
Enrollment Fee	\$50.00 = \$ _____
W-2 Enrollment Fee	\$30.00 = \$ _____
Total = \$	_____

Payment Due Dates Are:

Payment 17 Due: 4/13 for 4/16 to 4/27

Payment 18 Due: 4/27 for 4/30 to 5/11

PARENTAL AGREEMENT: I agree that my child will be attending the Kenosha YMCA Before & After School Program on the days indicated. I will give the Site Coordinator a fourteen day notice if my child's schedule changes AND I will call-in all absences to scheduled days. I understand there are **NO** credits issued for unused days. I also acknowledge that a payment for services is due **TWO WEEKS** prior to my child attending or services will be declined.

Parent Signature _____

Date Signed _____

Please call sites directly to report absences or to make changes to your schedule