

Payment Schedule For: Feb/Mar 2018

***** RETURN BY: February 9th *****

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	
19	20	21	22	23	
Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After (Early Release) Pick Up Time _____	***No School*** KDO (Kids Day Out) Separate Reg Form	
26	27	28	1	2	Total = \$
Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	
5	6	7	8	9	
Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	
12	13	14	15	16	Total = \$
Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival Time _____ After Pick Up Time _____	Before Arrival 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 13 Due: 2/16 for 2/19 to 3/2
Payment 14 Due: 3/2 for 3/5 to 3/16

***** Half Day 2/22 *****

***** KDO 2/23 Separate Registration Form *****

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