

Payment Schedule For: Jan/Feb 2018

***** RETURN BY: January 12th *****

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	
22	23	24	25	26	
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 _____	
29	30	31	1	2	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 _____	
5	6	7	8	9	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 _____	
12	13	14	15	16	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 11 Due: 1/19 from 1/22 to 2/2

Payment 12 Due: 2/2 from 2/5 to 2/16

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