

# Payment Schedule For: May/June 2018

**\*\*\* RETURN BY: May 5th \*\*\***

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	
<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	
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 _____	
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	
Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	<b>Total = \$</b>
After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	After Pick Up Time _____	<b>After (Early Release)</b> Pick Up Time _____	
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>1</b>	
<b>Happy Memorial Day !!! (No Program)</b>	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 _____	
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	
Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	Before Arrival Time _____	<b>Total = \$</b>
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 = \$_____
<b>Total = \$</b>	<b>\$_____</b>

## Payment Due Dates Are:

Payment 19 Due: 5/11 for 5/14 to 5/25

Payment 20 Due: 5/25 for 5/28 to 6/8

**\*\*\* Half Day 5/25 \*\*\***

**\*\*\* No Program Memorial Day 5/28 \*\*\***

**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\***