

# Payment Schedule For: Mar/Apr 2018

**\*\*\* RETURN BY: Mar 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	
<b>19</b> Before Arrival Time _____ After Pick Up Time _____	<b>20</b> Before Arrival Time _____ After Pick Up Time _____	<b>21</b> Before Arrival Time _____ After Pick Up Time _____	<b>22</b> Before Arrival Time _____ After Pick Up Time _____	<b>23</b> <b>***No School***</b> <b>KDO</b> <b>(Kids Day Out)</b> <b>Separate Reg Form</b>	<b>Total = \$</b>
<b>26</b> Before Arrival Time _____ After Pick Up Time _____	<b>27</b> Before Arrival Time _____ After Pick Up Time _____	<b>28</b> Before Arrival Time _____ After Pick Up Time _____	<b>29</b> Before Arrival Time _____ After Pick Up Time _____	<b>30</b> <b>** NO PROGRAM *</b> <b>GOOD FRIDAY</b>	
<b>2</b> <b>SPRING CAMP</b>	<b>3</b> <b>SPRING CAMP</b>	<b>4</b> <b>SPRING CAMP</b>	<b>5</b> <b>SPRING CAMP</b>	<b>6</b> <b>SPRING CAMP</b>	<b>Total = \$</b>
<b>9</b> Before Arrival Time _____ After Pick Up Time _____	<b>10</b> Before Arrival Time _____ After Pick Up Time _____	<b>11</b> Before Arrival Time _____ After Pick Up Time _____	<b>12</b> Before Arrival Time _____ After Pick Up Time _____	<b>13</b> 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 = \$_____
<b>Total = \$</b>	<b>\$_____</b>

## Payment Due Dates Are:

Payment 15 Due: 3/16 from 3/19 to 3/30

Payment 16 Due: 3/30 for 4/2 to 4/13

**\*\*\* KDO 3/23 Separate Registration Form \*\*\***

**\*\*\* NO PROGRAM 3/30 (Good Friday) \*\*\***

**\*\*\* Spring Camp 4/2-4/6 Separate Registrion 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\***