

Payment Schedule For: Oct/Nov 2017

***** RETURN BY: October 20th *****

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 | Total = \$ |
|--|--|---|--|---|-------------------|
| 30 Before Arrival Time _____ After Pick Up Time _____ | 31 Before Arrival Time _____ After Pick Up Time _____ | 1 Before Arrival Time _____ After Pick Up Time _____ | 2 Before Arrival Time _____ After Pick Up Time _____ | 3 ***No School*** KDO (Kids Day Out) Separate Reg Form | |
| 6 Before Arrival Time _____ After Pick Up Time _____ | 7 Before Arrival Time _____ After Pick Up Time _____ | 8 Before Arrival Time _____ After Pick Up Time _____ | 9 Before Arrival Time _____ After Pick Up Time _____ | 10 Before Arrival Time _____ After Pick Up Time _____ | |
| 13 Before Arrival Time _____ After Pick Up Time _____ | 14 Before Arrival Time _____ After Pick Up Time _____ | 15 Before Arrival Time _____ After Pick Up Time _____ | 16 Before Arrival Time _____ After Pick Up Time _____ | 17 Before Arrival Time _____ After Pick Up Time _____ | |
| 20 Before Arrival Time _____ After Pick Up Time _____ | 21 Before Arrival Time _____ After Pick Up Time _____ | 22 Before Arrival Time _____ After (Early Release) Pick Up Time _____ | 23 Happy Thanksgiving (No Program) | 24 NO PROGRAM | |
| | | | | | Total = \$ |

| | |
|-------------------------------|---------------------------|
| 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 5 Due: 10/27 for 10/30 to 11/10

Payment 6 Due: 11/10 for 11/13 to 11/24

*** KDO 11/3 Separate Registration From***

** Half Day 11/22 **

No Program 11/23 and 11/24

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