

2022-2023 YMCA DAYCARE & PRE-K Enrollment Contract

Parent/Guardian Name:	I receive DSS Assistance	Yes	No		
Primary Phone:	If you are receiving DSS assistance you must provide the DSS Approval Letter.				
Parent DOB:					
Office use only: Member #	l am requesting a financial assistance Scholarship	Yes	No		
	If you are requesting assistance please complete the Scholarship Application.				

Billing and Registration Procedures	Initial
There is a \$20 registration fee per family, if all children registering are members this fee is waived. This registration fee is non-refundable.	
Registration is not complete until all applicable forms & payments are received by the admin office. (Registration packet: Fee Contract, Registration From, Medical Statement & Immunization Record, NYS OCFS Daycare Registration From, CACFP Form, Development History.	
We are unable to bill an individual third party for the cost of your child's care. It will be your obligation to seek payment from that individual.	
A late fee of \$5.00 for the first five minutes you are late to pick up your child and an additional \$2.00 for each minute thereafter.	
There is a fee for all CC, check, and EFT payments which are returned (this fee varies by bank, can be up to \$30)	
If you receive assistance from DSS you are responsible for your monthly parent fee and the balance of any unpaid child care costs. If DSS does not pay as much as you feel they should, it is your responsibility to contact your caseworker. You will be responsible to pay for any uncovered childcare expenses within 2 weeks of the statement.	
The sibling discount is applied to the child whos care cost is the least.	
If you receive a YMCA Scholarship, maintaining a current payment status is required for continuing your scholarship. There is not a sibling discount if you receive a scholarship.	
All child care fees are required to be set up as automatic payments.	
Changes to your contract may be made by completeing a Withdrawal From. Changes to your contract must be made no later than the 2 weeks prior to your next scheduled billing date.	
YMCA reserves the right to discontinue care if payment is 30 days outstanding.	
Program fees are not prorated for months where there is a holiday or break or for a child's absence from the program. Cost is scheduled based on a 180 days of care September to June.	

2022-2023 Cost Schedule (Sept '22 to Aug '23)	Co	Cost for the First Child				Cost for Each Additional Sibling				
Program	<i>P</i>	All child care costs billed monthly. (Vacation billed upon registration)								
Infant (6 weeks - 18 months)	Month	\$1,180	Bi-Wk	\$590.00	Month	\$1,003	Bi-Wk	\$501.50		
Toddler (18 months - 3 Years)	Month	\$1,100	Bi-Wk	\$550.00	Month	\$935	Bi-Wk	\$467.50		
Pre-School (3-4 years)	Month	\$1,012	Bi-Wk	\$506.00	Month	\$860	Bi-Wk	\$430.10		
AM Wrap Around (630 – 8am)*	Month	N/A	Bi-Wk	N/A						
PM Wrap Around (1–530pm)*	Month	\$345	Bi-Wk	\$172.50						
Both (AM & PM)*	Month	\$475	Bi-Wk	\$237.50	*Pre-K Wrap Around and Vacation					
Manatina Burana di Bart			*		Pro	grams onl	•	ember		
Vacation Program - 1 Day*		\$55			through June.					
Vacation Program - 3 Day*		\$165 \$245								
Vactaion Program- 5 Day*			243							
nild(ren)s Names Daycare Room (Infant, Toddler, Pre-School, Wrap Around)					Cost of Care					
1.						\$				
2.						\$				
3.	3.						\$			
					\$			1		
Total Monthly Fee					\$					
Method of Payment								_		
(Initial) I choose to have debit/credit card ending with	processed	the 1st ANI	7 1E+h for+l	o bi-wookly (ost of sara					
(initial) I choose to have depit/credit card ending with	processed	processed the <u>1st AND 15th</u> for the bi-weekly cost of care.								
(Initial) I choose to have debit/credit card ending with	processed	processed the 1st of each month for the montly cost of care.								
Vacation, Early Dismisal Progarms, and Late Pickup Fees										
(Initial) I authorize YMCA to charge my debit/credit card for registered	vacation program	ıs the week _l	prior to atte	nding and fo	r additional	fees incurre	d due to lat	e pickup.		
Memorandum of Understanding: I have read and understand this enrollm	ent contract in its	entirety. I	understand	that space is	reserved fo	or my child a	nd I am resp	onsible for		
payment for the contracted days and additional service days. I understand	that I am the part	-		-		-				
subsidies. My services may be suspended for any account which is delinque	ent.				_					
Parent/Guardian Signature:					Date:					
					1					