



2024 Summer SACC 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:	I am requesting a financial assistance Scholarship	Yes	No
Office use only: Member #	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.	
Summer SACC childcare fees are billed the week prior to care. All registrations will require the first week's care cost and registration fee.	
Registration is not complete until all applicable forms & payments are received by the SACC office. (Registration Form, Fee Contract, CACFP, Text Alert, Sunscreen Letter and Form, Armed Services Information, and if needed; Medical Consent, Special Needs, Allergy, Asthma, A&A Emergency Plan, Court Orders, IEP)	
We are unable to bill an <u>individual</u> 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 childcare 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 who attends 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 childcare fees are required to be set up as automatic payments.	
Changes to your contract may be made by calling the SACC office at (315) 755-2005. 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 <u>7 days</u> outstanding.	

2023 SUMMER SACC Cost Schedule	Cost for the First Child	Cost for Each Additional Sibling
Program	All child care costs billed WEEKLY	
3 Days Summer SACC	\$165	\$140.25
5 Days Summer SACC	\$245	\$208.25

Please place an "X" over each day you the calendar that your child(ren) will attend prgram ****All changes require 2 week noitce****

Child's Information		July								August							
Last name		Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date
First name		One	7/1	7/2	7/3	★	7/5		REG	Six	8/5	8/6	8/7	8/8	8/9		8/2
		Two	7/8	7/9	7/10	7/11	7/12		7/5	Seven	8/12	8/13	8/14	8/15	8/16		8/9
		Three	7/15	7/16	7/17	7/18	7/19		7/12	Eight	8/19	8/20	8/21	8/22	8/23		8/16
		Four	7/22	7/23	7/24	7/25	7/26		7/19	Nine	8/26	8/27	8/28	8/29	★		8/23
		Five	7/29	7/30	7/31	8/1	8/2		7/26								

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		Three	7/15	7/16	7/17	7/18	7/19		7/12	Eight	8/19	8/20	8/21	8/22	8/23		8/16
		Four	7/22	7/23	7/24	7/25	7/26		7/19	Nine	8/26	8/27	8/28	8/29	★		8/23
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Method of Payment

☐ (Initial) I choose to have debit/credit card ending with processed **each Friday prior to the service week.**

Late Pickup FEES

☐ (Initial) I authorize YMCA to charge my debit/credit card for additional fees incurred due to late pickup.

Memorandum of Understanding: I have read and understand this enrollment contract in its entirety. I understand that space is reserved for my child and I am responsible for payment for the contracted days and additional service days. I understand that I am the party ultimately responsible for the cost of care despite third party assistance or subsidies. My services may be suspended for any account which is delinquent.

Parent/Guardian Signature:

Date:

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Last name			Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days		Draft Date	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days	Draft Date
First name			One	6/26	6/27	6/28	6/29	6/30			REG	Six	8/1	8/2	8/3	8/4	8/5		7/29
			Two	7/3	7/4	7/5	7/6	7/7			7/2	Seven	8/8	8/9	8/10	8/11	8/12		8/5
			Three	7/10	7/11	7/12	7/13	7/14			7/9	Eight	8/15	8/16	8/17	8/18	8/19		8/12
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