

Child's Name _____

Monthly Payment Options Select One

Select One

- ☐ **Check or Money Order-** Payments may be dropped off or mailed to:
16464 Burkhardt Place
Chesterfield, MO 63017
- ☐ **Online banking-** Please add your member number to the subject line and have the bank mail payment to
16464 Burkhardt Place, Chesterfield, MO 63017
- ☐ **Website pay-** Visit our website at www.gwrymca.org/westcounty
Click program schedules, online registration and log in. To create a user ID you will use your email address as your ID and your member number for creating a password.

☐ Electronic Drafting from Debit or Credit Card

- ☐ Mastercard ☐ Visa ☐ Discover ☐ American Express Card issuer_____
- ☐ Registration fees only ☐ Registration and Monthly fees

For electronic drafting only, your monthly fee may be drafted on the

- ☐ 1st of each month ☐ 1st & 15th of each month

Last 4 digits of Account # _____ Expiration date _____

**If the remaining numbers are not already on file please contact the Y or visit the website to enter your full payment information

Name as it appears on the account _____

Payment Policies

Payments are due by the 1st of each month with a 2 day grace period. August fees are due by the first day of school.

Fees are based on 38 weeks of school and do not include winter and spring break. August is an additional fee and is pro-rated. These fees are divided into 9 monthly payments. Payments returned or not receipted by the 3rd for any reason will be resubmitted with a \$25 service/late fee. Payments not receipted by the 3rd business day will result in child care termination until both the fee and late fee is receipted.

*A two week written notice is required to discontinue or change childcare status in order for us to properly adjust your account and automatic payments thru either bank or credit card. Charges continue as long as child care is active.

Choosing electronic drafting you authorize and request the YMCA to charge your account for your child care fees the 1st or 1st and 15th of each month (August the first day of school) and further authorize the financial institution to process these fees. If for any reason the bank does not honor a payment, you are responsible for the payment. All electronic payments returned for any reason will be resubmitted with a \$25 service/late fee. Two or more returns could result in termination of automatic payment.

E-cash flow may collect any returned checks electronically and you will be assessed a minimum fee of \$25.

Registration fee: \$75 for the 1st child or \$135 per family beginning June 1st, 2017
\$90 for the 1st child or \$150 per family beginning August 1st, 2017

Are you employed by: ☐ Gateway Region YMCA

Total due at registration: \$_____

THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT OR LEGAL GUARDIAN'S SIGNATURE.

By signing this contract, I understand that I have registered for the above days, times and payment method. Should I need to change or cancel my schedule, I must notify the YMCA two weeks prior to that change in writing. If my child is absent for 2 weeks without notification, I understand my child will be dropped from the program. I will be responsible for the payment of childcare fees. I certify that all information provided is complete and correct, to the best of my knowledge.

Parent Signature: _____ **Date:** _____