

Payment Schedule For: Dec/Jan 2017-18

***** RETURN BY: December 15th *****

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 | |
|--|---|---|---|--|-------------------|
| 25 | 26 | 27 | 28 | 29 | |
| No Program Christmas Day | Winter Camp | Winter Camp | Winter Camp | Winter Camp | |
| 1 | 2 | 3 | 4 | 5 | Total = \$ |
| No Program New Years Day | Winter Camp | Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | |
| 8 | 9 | 10 | 11 | 12 | Total = \$ |
| Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | |
| 15 | 16 | 17 | 18 | 19 | Total = \$ |
| ***No School*** KDO (Kids Day Out) Separate Registration Form | Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | Before Arrival Time _____ After Pick Up Time _____ | ***No School*** KDO (Kids Day Out) Separate Registration Form | |

| | |
|-------------------------------|---------------------------|
| 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 9 Due: 12/22 for 12/25 to 1/5/18

Payment 10 Due: 1/5 for 1/8 to 1/19

***** Winter Camp 12/20/2017-1/2/2018 *****

No Camp 12/25/17 and 1/1/18

***** KDO 1/15 & 1/19 Separate Registration 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