

Payment Schedule For: Nov/Dec 2017

***** RETURN BY: November 17th *****

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 = \$
27 Before Arrival Time _____ After Pick Up Time _____	28 Before Arrival Time _____ After Pick Up Time _____	29 Before Arrival Time _____ After Pick Up Time _____	30 Before Arrival Time _____ After Pick Up Time _____	1 Before Arrival Time _____ After Pick Up Time _____	
4 Before Arrival Time _____ After Pick Up Time _____	5 Before Arrival Time _____ After Pick Up Time _____	6 Before Arrival Time _____ After Pick Up Time _____	7 Before Arrival Time _____ After Pick Up Time _____	8 Before Arrival Time _____ After Pick Up Time _____	
11 Before Arrival Time _____ After Pick Up Time _____	12 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 _____	
18 Before Arrival Time _____ After Pick Up Time _____	19 Before Arrival Time _____ After Pick Up Time _____	20 Winter Camp	21 Winter Camp	22 Winter Camp	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 7 Due: 11/24 for 11/27 to 12/8

Payment 8 Due: 12/8 for 12/11 to 12/22

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

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