



Merrimack Valley YMCA  
Andover/North Andover Branch  
978-685-3541

Haverhill Street Kindergarten Program - **PM Cohort** Service Agreement 2020-2021

Child's Name: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade entering Fall 2020: \_\_\_\_\_

I am registering my child for the following YMCA School Age Child Care (SACC) Program(s) (circle days in the appropriate box)

Before school 7:30am – 12:00pm
M T W T H F

Tuition is based on 180 scheduled school days and the number of days per week your child is registered to attend the program. Payment is averaged over a 10-month period. This rate does not include school holidays, vacation weeks, or full curriculum days. A general youth YMCA membership is given to your child and is valid during the time that your child is enrolled in the School Age Child Care Program.

In addition as the parent/guardian, I understand and agree to:

- Pay a \$50 non-refundable, non-transferable registration fee per child per year. However, I understand that if I cancel or withdraw from the program and wish to en-roll I will be charged a \$50 reinstatement fee for each occurrence.
- Pay a \$10.00 change charge for every change made to enrollment after registration.
- Pay a late pick up fee of \$1.00 per child each minute after the program ends or beyond the 10 hour per day time limit
- Pay my monthly tuition fee one month in advance of service. Payment is due on or before the 1st of each month. A \$25.00 late fee will be applied to my delinquent account.
- Pay a \$25.00 charge for any check that is returned from the bank (Check must be replaced with a certified check or money order).
- Provide the program with all completed registration forms and a completed, up to date health form prior to beginning program.
- Update registration information as needed (Example: New phone number, change of address, allergies, etc).
- Call the program prior to its start time if my child is going to be absent. Absences without prior notice may be mistaken for a missing child and unnecessary concern and time spent in search for your child will occur. I agree to pay a \$10 tracking fee each time a YMCA staff has to track the location of my child.
- Abide by the guidelines stated in the parent handbook.
- Attend parent meetings/family nights.
- Provide a two-week written notice to change my child's scheduled days or to cancel my child out of the program. I understand that I am responsible for payment during this period.
- Abide our Nut free Facility policy.

The YMCA SACC Program Agrees to:

- Uphold Massachusetts EEC Regulations.
- Provide trained, qualified staff.
- Provide supervised social, educational, and recreational activities.
- Provide advanced notice of vacation week programs.
- Keep all information about children and families in confidential files, to be released only with permission of the parent/guardian.
- Provide the parent/guardian with community health and social service information upon request.

Tuition rates for the 2020-2021 school year is as follows:

<b>Before School 7:30am – 12:00pm</b>
<b>5 Days/Week \$469.00</b>
<b>3 Days/Week \$344.00</b>
<b>2 Days/Week \$260.00</b>
<b>Busing cost - \$60/month</b>

After reading the YMCA SACC Parent Handbook and reviewing highlighted policies above, I agree to conditions of this service agreement. I understand that the YMCA reserves the right to amend this agreement upon written notification. I also understand that the YMCA reserves the myself and my child with the information contained in the handbook as well as the YMCA rules and understand that it constitutes the policies and guidelines of the YMCA SACC Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Worker Signature

\_\_\_\_\_  
Date

### Merrimack Valley YMCA 2020-2021 Kindergarten – PM Cohort

(Do not tear pages out of this registration packet.)

For Office Use Only:	
Admission Date:	___/___/___
Directors Initials:	_____

Andover/ North Andover Branch

Lawrence Branch

Methuen Branch

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address	City	State	Zip
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Street Address	City	State	Zip
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#### Parent/Guardian Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer City: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer City: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**Emergency Contacts (EC) & Alternate Pick up Person (APP):** You are required to list at least 2 people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or for some reason you could not pick up your child & were unable to communicate with the program. Any changes to this list must be done in writing. No Exceptions! Please understand that we will ask for positive identification from anyone unfamiliar to us.

#1 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ EC \_\_\_ APP \_\_\_

#3 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

#2 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ EC \_\_\_ APP \_\_\_

#4 Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_



## 2020-2021 Emergency Card Information

 Andover/ North Andover Branch

 Lawrence Branch

 Methuen Branch

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

### ***Parent/Guardian Information:***

Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	
Email:			

Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	
Email:			

### ***Emergency Contact Person(s):***

Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	

Name:		Relationship:	
Address:		City, State, zip	
Cell Phone:		Work Phone:	

### ***Pediatrician or Source of Health Care:***

Doctors Name:		Phone:	
Address:		City, State, zip	

Medical Conditions/Allergies: \_\_\_\_\_

Insurance Information (optional):

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

The following people are **NEVER** allowed to pick up my child (If this is a custody issue, **you must provide the Child Care Director a copy of court documents.**):

1. \_\_\_\_\_ 2. \_\_\_\_\_

### **Emergency Authorization**

I hereby give permission for the staff of the Merrimack Valley YMCA, to provide first aid and/or CPR/AED treatment to my child, \_\_\_\_\_, when necessary and in the event of a more serious illness or injury; I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that YMCA personnel will make every effort to contact me regarding any emergency involving my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any chronic conditions, dietary restrictions, or medications: \_\_\_\_\_

List any allergies, reactions and treatment: \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? If yes, please attach: \_\_\_\_\_

Does your child have an Individual Health Plan (for children with a chronic health condition)? \_\_\_\_\_  
If yes, please attach

Do you have a custody agreement, court order, and/or restraining order pertaining to the child? \_\_\_\_\_  
If yes, please attach

### Identifying Information:

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Is there any documentation of a physical exam, immunization records, and lead screening on file at your school?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

I give permission for my child to go for walks and to neighboring playgrounds:  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

I give permission to the YMCA to public my child's name and photograph in YMCA brochures, newspaper or other publications.  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

I give my permission for my child to attend instructional classes and/or recreational swims at the designated Merrimack Valley YMCA Branch. [Lawrence/Andover/North Andover Only]  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

I give permission to the Merrimack Valley YMCA Staff to speak and/or exchange documents concerning my child with school personnel.  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

## 2020-2021 YMCA Developmental History Form

Child's Name: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Primary Language: \_\_\_\_\_

List any physical limitations or special situations your child has: \_\_\_\_\_

List any allergies or food intolerance that your child may have: \_\_\_\_\_

Does your child take medication(s) regularly?       Yes     No

If yes, please list the name of the drug, how often they receive this medication and what time it is to be given. (Please check the parent handbook regarding our policy on dispensing medication during program hours.):

List all Holidays, celebrations and occasions that your family celebrates: \_\_\_\_\_

List your child's special interests and hobbies: \_\_\_\_\_

Favorite physical activities: \_\_\_\_\_

Favorite Game/Toy: \_\_\_\_\_ Favorite TV Show: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_ Favorite Book: \_\_\_\_\_

Does your child enjoy musical activities?       Yes     No

Does your child primarily use his/her right or left hand?       Right Hand     Left Hand     No Preference Yet

By nature is your child:

Aggressive       Shy       Serious       Friendly       Withdrawn       Easy Going

How do you reassure your child when he/she is upset? \_\_\_\_\_

Does your child nap?       Yes     No

How does your child get along with other children? \_\_\_\_\_

Does your child prefer to play alone or with other children? \_\_\_\_\_

Do you feel your child will adjust easily?       Yes     No      If no, why? \_\_\_\_\_

Does your child demand a lot of attention? \_\_\_\_\_

Is your child the only child in your family?       Yes     No      If no, do they all reside in your home?       Yes     No

Please list siblings & ages: \_\_\_\_\_

How does your child show:

Happiness \_\_\_\_\_

Anger \_\_\_\_\_

Disappointment \_\_\_\_\_

What do you find is the best way to effectively deal with inappropriate behaviors? \_\_\_\_\_

\_\_\_\_\_

Who does the disciplining in your family? \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_ Does your child have accidents? \_\_\_ Yes \_\_\_ No

What special words does your child use to describe bathroom needs? \_\_\_\_\_

Is your child frightened by:

\_\_\_ Animals \_\_\_ Loud Noises \_\_\_ New Situations \_\_\_ Storms Other \_\_\_\_\_

Has your child attended swimming lessons? \_\_\_ Yes \_\_\_ No If yes, was it at this YMCA \_\_\_ Yes \_\_\_ No

Does your child like or dislike the water? \_\_\_ Like Water \_\_\_ Dislike Water

What are your goals for your child while in this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any situations or circumstances involving your child that the staff should be informed of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you, as a volunteer, be willing to do any of the following:

\_\_\_ Share a talent or your profession

\_\_\_ Reading stories

\_\_\_ Teacher's Helper

\_\_\_ Other \_\_\_\_\_

(The below information will help us better understand your child's need.)

**Additional Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YMCA School Age Child Care  
Merrimack Valley YMCA

Spontaneous Walks Release Form

I give my child \_\_\_\_\_ permission to participate in spontaneous walks with the YMCA Child Care Staff.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

I give my child \_\_\_\_\_ permission to participate in the YMCA swimming program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

How did you hear about the YMCA Child Care Program? Please Check:

- Friend     Newspaper     Member     Radio     Brochure     TV     Survey
- Phone     Book     Phone Book

Promotional release

I hereby grant consent to release photographs and/or video footage to the Merrimack Valley YMCA for commercial and art purpose in any medium or advertising, communication, publication or publicity that will promote YMCA program and services and /or recognition of participants. It is my understanding the YMCA is a non-profit organization.

Parent Signature: \_\_\_\_\_

Please check if your child's picture can be posted in:

- Eagle Tribune Newspaper
- Rumbo Newspaper
- YMCA Website
- Boston Globe Newspaper
- YMCA Lobby
- YMCA Classroom and Hallway

## Transportation Plan

My child will arrive at the program with a parent or his/her designee and will depart from the program with a parent or his/her designee. Teachers will ask for a photo identification card until they become familiar with person(s) picking up.

### THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and Care

#### Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

My child will be attending the following days and times:

<u>Day</u>	<u>Arrive</u>	<u>Depart</u>
Monday	_____ am/pm	_____ am/pm
Tuesday	_____ am/pm	_____ am/pm
Wednesday	_____ am/pm	_____ am/pm
Thursday	_____ am/pm	_____ am/pm
Friday	_____ am/pm	_____ am/pm

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

\_\_\_ PARENT/DESIGNEE DROP OFF

\_\_\_ PUBLIC or PRIVATE SCHOOL

\_\_\_ \*PRIVATE TRANS. ARRANGED BY PARENT

**MY CHILD WILL DEPART FROM THE PROGRAM:**

\_\_\_ PARENT/DESIGNEE PICK UP

\_\_\_ PUBLIC or PRIVATE SCHOOL

\_\_\_ \*PRIVATE TRANS. ARRANGED BY PARENT

\*Please provide name of company, phone #, and copy of agreement

\_\_\_\_\_

**By signing, you also give your child permission to ride contracted buses on field trip days to and from designated field trip locations.**

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION**

Must be updated annually or if parent makes any changes regarding the transportation to and from the center or if their schedule changes.



# TRANSPORTATION AUTHORIZATION

Permission to ride the Andover YMCA bus  
(YMCA copy)

I give my child permission to get on the Andover YMCA school bus on the following days M

T W TH F

This will begin on \_\_\_\_\_

I understand that if my child will not be taking the bus, I need to let the

**YMCA and the school know prior to the dismissal of school**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(school copy)

Child: \_\_\_\_\_ Effective Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I give my child permission to get on the Andover YMCA school bus on the following days M

T W TH F

This will begin on \_\_\_\_\_

I understand that if my child will not be taking the bus, I need to let the

**YMCA and the school know prior to the dismissal of school**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

MERRIMACK VALLEY YMCA  
CODE OF CONDUCT  
For Staff and Volunteers

1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Rest-room supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff is assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a fieldtrip or at other off-site locations. Always send children in pairs (known as the rule of three) with a staff.
4. Staff should conduct or supervise private activities in pairs (one staff with 2 children) – diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff should not abuse children in any way, including:
  - Physical abuse – striking, spanking, shaking, slapping, and so on.
  - Verbal abuse – humiliating, degrading, threatening, and so on.
  - Sexual abuse – touching or speaking inappropriately.
  - Mental abuse – shaming, withholding kindness, being cruel, and so on.
  - Neglect – withholding food, water, or basic care.No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
7. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Staff will document any questionable marks or responses.
8. Staff will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family, or disability.
9. Staff will respect children’s rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
11. Staff is not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.

12. Staff must appear clean, neat, and appropriate attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Possession or use of any type of weapon or explosive device is prohibited.
16. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
17. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
18. Staff may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
19. Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
20. Staff will portray a position role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
21. Staff should not give excessive gifts (e.g., TV, video games, jewelry) to youth.
22. Staff may not date program participants who are under the age of 18.
23. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
24. Staff is to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
25. Staff is required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
26. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.

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Parent / Guardian Signature

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Date



## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information and sign this form to acknowledge your receipt and understanding of the Merrimack Valley YMCA's procedures governing the safety of children in our programs.

I understand that YMCA staff and volunteers are not allowed to babysit or transport program participants any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that at no time may a staff person be alone with a single child where they cannot be observed by others. This means no one-on-one supervision of children.

I understand that my child will not be allowed to leave a licensed program with an unauthorized person. Any person authorized to pick up your child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change. Persons who pick up your child must have a photo ID to verify identity.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA prohibits inappropriate talk, jokes, or sharing details of one's personal life and any kind of harassment in the presence of children, parents, and members.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

**I have read and understand the statements above and have received a copy of the School Age Child Care Parent Handbook.**

---

Parent / Guardian Signature

Date

## Child Care Closures 2020

January 1, 2020	Wednesday	New Year's Day
January 20, 2020	Monday	Martin Luther King Jr. Day
February 17, 2020	Monday	President's Day
April 10, 2020	Friday	Good Friday
April 20, 2020	Monday	Patriots Day
May 25, 2020	Monday	Memorial Day
July 3, 2020	Friday	Independence Day
September 7, 2020	Monday	Labor Day
October 12, 2020	Monday	Columbus Day
November 11, 2020	Wednesday	Veterans Day
November 26, 2020	Thursday	Thanksgiving Day
November 27, 2020	Friday	Day After Thanksgiving
December 24, 2020	Thursday	Christmas Eve Open until 1pm
December 25, 2020	Friday	Christmas
January 1, 2021	Friday	New Year's Day



**MERRIMACK VALLEY YMCA  
CHILD CARE PROGRAM  
AUTOMATIC WITHDRAWAL AUTHORIZATION**

**Automatic (Debit/Credit card or EFT) Withdrawal Information**

Name of Child/Children: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Please check one of the following:**

Visa  MasterCard  American Express  Discover  EFT – **MUST** attach a voided check

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Daytime Phone: \_\_\_\_\_

• I (we) authorize the YMCA to initiate recurring debit entries/credit card charges to the above referenced bank/credit card account. I understand that the charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered.

I (we) authorize the YMCA to withdraw sufficient funds to pay my (our) regular child care tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may at its discretion; adjust the debits/charges according to the fees incurred.

Should a draft not be honored by my (our) bank/credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment.

I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date. EFT returns are subject to \$20 banking fee.

I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.

Automatic withdrawals will be processed on the **Due Date**. The first withdrawal will be processed on \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

