



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INDEPENDENT HEALTH FAMILY BRANCH YMCA 2021-2022 SCHOOL AGE CHILD CARE TUITION AGREEMENT

Please select from two tuition options for the entire year, **part-time (1-3 days per week)** or **full-time (4 or 5 days per week)**. The tuition payment is based on the price of the program for the year and then divided into 10 equal payments. Each month you will pay 1/10th of your total child care bill, regardless of the number of school days actually occurring in that month.

REGISTRATION INFORMATION

Child Last Name		Child First Name	
Parent Last Name		Parent First Name	
Address			
City	State	Zip	
Cell Phone	Work Phone		
E-mail Address			
Signature			

SELECT TUITION PLAN

Part-time (1-3 days per week)

Full-time (4-5 days per week)

SELECT SITE

- Independent Health Family Branch YMCA
- Clarence Center
- Harris Hill
- Ledgeview
- Sheridan Hill

SELECT PM PROGRAM

- PM PART-TIME**
Member - \$169/month; Program Member - \$186/month
- PM FULL-TIME**
Member - \$260/month; Program Member - \$299/month

SELECT DAYS: M T W Th F

PAYMENT INFORMATION

For your convenience, we will automatically draft your account on the first of the month. We can accept your Visa, MasterCard, Discover, or American Express debit or credit cards, as well as a checking account. By signing, you agree to authorize the YMCA to charge your account for each month enrolled and give the YMCA 30 days written notice when cancelling.

<input type="checkbox"/> Checking Account	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Last 4 digits of Credit Card/Checking Number			Exp. Date	
Signature			Date	

Reminder, the YMCA does not give credits for snow days, illnesses, or family vacations taken during school days. What you are paying is a yearly tuition broken into 10 monthly payments. Snow days are accounted for in the price, as it is based on the number of days school must provide services.

Please fill out and return this form to:
INDEPENDENT HEALTH FAMILY BRANCH
150 Tech Drive, Amherst, NY 14221
P: 716.839.2543 F: 716.839.2352 IndependentHealthFamilyYMCA.org

FOR OFFICE USE ONLY

Date Received _____
Verified By _____
Member Number _____