



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

LOCKPORT FAMILY YMCA – ROYALTON HARTLAND SCHOOL DISTRICT 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 Royalton Hartland School District

AM PROGRAMS

- AM PART-TIME**
 (Member - \$117/month; Program Member - \$129/month)
- AM FULL-TIME**
 (Member - \$180/month; Program Member - \$207/month)

PM PROGRAMS

- PM PART-TIME**
 (Member - \$130/month; Program Member - \$143/month)
- PM FULL-TIME**
 (Member - \$200/month; Program Member - \$230/month)

SELECT DAYS: M T W Th F

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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.

*We understand that the school district’s plans may change due to COVID-19, and we will work to the best of our ability to adjust this agreement to fit your family’s needs. If you have any questions or concerns, please call the Lockport Family YMCA.

| | | | | |
|--|-------------------------------------|-------------------------------|-----------------------------------|-------------------------------|
| <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:

LOCKPORT FAMILY YMCA
 5833 Snyder Dr., Lockport, NY 14094
 P: 716.434.8887 F: 716.434.0227 YMCABN.org

FOR OFFICE USE ONLY

Date Received _____
 Verified By _____
 Member Number _____