

# SACC BILLING FORM

(To be completed by Parent/Guardian)



## BILLING PARTY INFORMATION (PLEASE PRINT CLEARLY)

YMCA Member: Yes  No

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

Secondary Sponsor Name \_\_\_\_\_

Primary Sponsor Name \_\_\_\_\_

Sponsor share \_\_\_\_\_ %

Sponsor share \_\_\_\_\_ %

FA \_\_\_\_\_ %

FA \_\_\_\_\_ %

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/cell (\_\_\_\_) \_\_\_\_\_

Home/cell (\_\_\_\_) \_\_\_\_\_

## LOCATION INFORMATION (PLEASE CHECK ALL THAT APPLY)

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Before or Afterschool program

- Part-time member \$100 / Non Y-member \$110 (per mo.)
- Full time member \$170 / Non Y-member \$200 (per mo.)

### Before and Afterschool program (combination)

- Y Member PART-TIME \$200 (per mo.)
- Non-member PART-TIME \$220 (per mo.)
- Y Member FULL TIME \$285 (per mo.)
- Non-member FULL TIME \$340 (per mo.)

**Part-time = 2 days a week**  
**Full time = 3 or more days a week**

### Weekly program

- Y Member PART-TIME \$350 (per mo.)
- Non-member PART-TIME \$460 (per mo.)
- Y Member FULL TIME \$500 (per mo.)
- Non-member FULL TIME \$700 (per mo.)

Monthly total  
\$

## BILLING METHOD Draft date: 1st of the month 15th of the month

- Please draft the account # below
- Master Card
- Visa  Cash

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CID: \_\_\_\_\_ (3 digit code)

Account Holder's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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