

SACC BILLING FORM



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022-2023

BILLING PARTY INFORMATION (PLEASE PRINT CLEARLY)

YMCA Member: Yes No

Child's Name _____

Primary Sponsor Name _____

Secondary Sponsor Name _____

Sponsor share _____ %

Sponsor share _____ %

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home/cell (_____) _____

Home/cell (_____) _____

LOCATION INFORMATION (PLEASE CHECK ALL THAT APPLY)

START DATE: ____/____/____

Before School

Afterschool program

Before and Afterschool program (combination)

Part-time \$140/mo. Part-time \$150 /mo.

Part-time \$250 /mo.

Full-time \$260/mo. Full-time \$285/mo.

Full-time \$410/mo.

Half day

Schools Out day

\$20 /day

\$45 /day

Monday Tuesday Wednesday Thursday Friday

Total \$

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

Cash

Expiration Date: ____/____/____

Check

Master Card

Visa Card

Please draft the account # below

Account #: _____ - _____ - _____ - _____

CID: _____ (3 digit code)

Account Holder's Name: _____

Date: _____

Signature: _____

PARENT/GUARDIAN AGREEMENT (I understand:)

- Payments are due by the 5th of each month attending. You may choose to have your account drafted on the 1st or 15th.
- Should a non business day or holiday fall on the 1st or 15th, the account will be drafted on the next full business day.
- Payments not received on due date are subject to a \$25 late fee.
- The YMCA requires 2 weeks notice for termination of care. I am responsible for full payment of these 2 weeks of care.
- If payment is not received the YMCA will send me to a collection agency for further action.
- All changes to my child's schedule of care must be made in writing (**ASK ABOUT OUR BLUE CHANGE FORM**) 48 hours in advance.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature _____

Date _____