



## NIAGARA FALLS FAMILY YMCA 2020-2021 FULL DAY CHILD CARE TUITION AGREEMENT

While the school year may look different than before, our full day childcare program continues to be a familiar place where children can be safe, active, learning and engaged during their time out of school. This program is specifically designed for remote learning days.

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 childcare bill, regardless of the number of school days actually occurring in that month. Please note that this program is available for remote learning days only, not school holidays or any other time your child would be out of school.

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|---|--|--|--|--|--|
| Child Last Name   | illd Last Name Child First Name  |  |  |  |  |
| Parent Last Name  |  |  | Parent First Name  |  |  |
| Address   |  |  |  |  |  |
| City  | <u>!</u>   | State  | Zip  |  |  |
| Cell Phone  |  | Work Phone   |  |  |  |
| E-mail Address  |  |  |  |  |  |
| Signature   |  |  |  |  |  |
| (Member - \$378/month;  | PER WEEK) AT LEWISTON-<br>Program Member - \$486/n   |  |  |  |  |
| SELECT DAYS: □ M □  | IT 🗆 W 🗆 Th 🗆 F  |  |  |  |  |
|   | able. (Member - \$35; Progra<br>or more information about t  |  |  |  |  |
| American Express debit  | e will automatically draft yo<br>or credit cards, as well as a   | checking account. By   | of the month. We can accept you<br>signing, you agree to authorize th<br>ancelling *   |  |  |
| For your convenience, w<br>American Express debit<br>for each month enrolled<br>*We understand that the<br>agreement to fit your fa | e will automatically draft yo<br>or credit cards, as well as a<br>and give the YMCA 30 day:<br>e school district's plans may                     | a checking account. By a<br>s written notice when co<br>y change due to COVID-                             | signing, you agree to authorize th   | e YMCA to charge your account of our ability to adjust this                  |  |
| For your convenience, w<br>American Express debit<br>for each month enrolled<br>*We understand that the                             | e will automatically draft yo<br>or credit cards, as well as a<br>and give the YMCA 30 day:<br>e school district's plans may                     | a checking account. By a<br>s written notice when co<br>y change due to COVID-                             | signing, you agree to authorize th<br>ancelling. *<br>19, and we will work to the best o   | e YMCA to charge your account of our ability to adjust this                  |  |
| For your convenience, w<br>American Express debit<br>for each month enrolled<br>*We understand that the<br>agreement to fit your fa | e will automatically draft your credit cards, as well as a and give the YMCA 30 days as school district's plans may mily's needs. If you have an | a checking account. By a<br>s written notice when co<br>y change due to COVID-<br>ny questions or concerna | signing, you agree to authorize th<br>ancelling. *<br>19, and we will work to the best o<br>s, please call the Niagara Falls Far             | e YMCA to charge your account<br>of our ability to adjust this<br>nily YMCA. |  |
| For your convenience, w<br>American Express debit<br>for each month enrolled<br>*We understand that the<br>agreement to fit your fa | e will automatically draft your credit cards, as well as a and give the YMCA 30 days as school district's plans may mily's needs. If you have an | a checking account. By a<br>s written notice when co<br>y change due to COVID-<br>ny questions or concerna | signing, you agree to authorize th<br>ancelling. *<br>19, and we will work to the best o<br>s, please call the Niagara Falls Far<br>Discover | e YMCA to charge your account<br>of our ability to adjust this<br>nily YMCA. |  |

Please fill out and return this form to:

NIAGARA FALLS FAMILY YMCA

1522 Main St., Niagara Falls, NY 14305
P: 716.285.8491 F:716.434.0227 YMCABN.org

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Verified By \_\_\_\_

Member Number\_\_\_\_