



CAMP Y-KODA NATURE 4K AT MAYWOOD PAYMENT POLICY FOR BEFORE & AFTER CHILD CARE

Child's Name _____ **Parent's Name** _____

PERSON RESPONSIBLE FOR PAYMENT

Name _____ Address _____
City _____ State _____ Zip _____ Phone # _____

In order for the Sheboygan County YMCA to keep our fees competitive and give children quality care and resources, it is important to stay current with the payment schedule. Our center bills on a weekly basis. Payment may be made by cash, check or credit card.

- **The maximum balance due that is allowed on a child's account at any time is two weeks unless you choose the monthly automatic deduction option below.**
- If the regularly scheduled payment is not received by 4:00pm on the day specified below, **a \$25.00 late fee will be added to your child's account without exception.** If you have more than one child enrolled in the center, the late payment fee will be applied to each child's account.
- Additional charges will be added to your weekly fee for failure to pick up your child prior to the posted closing time of the center. **The late pick-up fee is \$5.00 per minute, per child that the parent is late.**

YOU MAY PAY YOUR FEES IN ONE OF THREE WAYS. PLEASE INDICATE YOUR CHOICE BELOW:

Weekly Option

I will pay my balance by 4:00pm weekly on _____ (day of the week). The balance will be applied to a valid credit card should my payment be delinquent.

Bi-Weekly Option

I will pay my balance by 4:00pm bi-weekly on _____ (day of the week). The balance will be applied to a valid credit card should my payment be delinquent.

- Should you choose the weekly or bi-weekly payment option, we also must have credit card information on file. Once your balance is two weeks past due, the total charge will be applied to your credit card so there is no disruption in your child's care.

Monthly Automatic Deduction - Credit or Debit Card Only

Please fill in required information below. The monthly billing may vary based on a 4 or 5 week month, credits or additional fees. **Fees are deducted on the last Monday of each month.**

CREDIT CARD INFORMATION - we accept Mastercard, VISA or Discover

Name as it Appears on Card _____
Billing Address of Card _____
Credit Card # _____ Expiration Date _____ 3 Digit Code _____

I am receiving assistance from WI Shares and must follow the same policy above for my co-pay amount.

I have read and understand the payment polices described. I give permission for the withdrawal of funds from my credit card as indicated above.

Parent/Guardian Signature _____ **Date** _____