

Dale Turner Family YMCA
19290 Aurora Ave N
Shoreline, WA 98133
206-363-0446
School Age Enrichment/Preschool Childcare



Payment Plan Selection Form

Thank you for enrolling in the Dale Turner Family YMCA’s Preschool or School Age Child Care Program. We are pleased to be your families child care provider. If you ever have any questions about YMCA programs or payment arrangements, please call 206-363-0446. Any of our registration staff should be able to help you.

Please complete this Payment Plan Selection form, and return it to the Dale Turner Family YMCA as soon as possible. You must choose one of these plans. *Payment for care is the responsibility of the person signing the agreement. Any custody agreements involving the division of child care costs are solely between the legal parties involved and are outside the Payment Agreement made with the Dale Turner Family YMCA.*

Child’s Name _____ Parent/Guardian’s Name _____

TWO WEEK NOTIFICATION OF CANCELLATION REQUIRED IN ORDER TO RECEIVE REFUND.
A \$10 PROCESSING FEE IS CHARGED FOR ANY REFUND.

Please check the box, and sign the authorization for the option you have chosen.

A. _____ I wish to enroll in the YMCA’s Bank Draft Payment Option.

I have read and completed the Bank Draft Authorization Form. I have also stapled a voided check to the Bank Draft Authorization Form. I understand that the YMCA will deduct payment from my designated bank account as indicated on the bank draft Authorization Form. I will be liable for such bank withdrawals until I provide 14 days (prior to bank draft date) *written* notice of cancellation or change. In the event of insufficient bank draft funds in my account, I agree to pay the YMCA the full monthly child care fee, plus a late fee of \$20.

Signature of Parent/Guardian

Date

B. _____ I will pay the YMCA manually on or before the 16th day of the month.

I agree to pay the YMCA manually each month for child care fees as required. I understand that I must deliver payment to the YMCA (in person or via mail) on or before the 16th day of the month before care begins. If my payment is received by the YMCA on or after the 21st day of the month, I agree to pay the YMCA a late fee of \$20. I understand that the YMCA may terminate this payment option at any time, and require another payment date, or a mandatory bank draft system.

Signature of Parent/Guardian

Date

C. _____ I wish to enroll in the YMCA’s Recurring Credit Card Charge Payment Option.

I have read and completed the Authorization for Recurring Credit Card Charge Forms. I understand that the YMCA will charge my credit card as indicated on the Authorization Form. I understand that the YMCA needs 14 days (prior to charge date) written notice of cancellation or change. I understand that I will be charged \$20 in the event of a declined credit card transaction.

Signature of Parent/Guardian

Date