

2009-2010 Tuition Selection Form

Thank you for enrolling in the Sammamish Family YMCA's Child Care programs. We are pleased to be your family's child care provider. If you ever have any questions about YMCA programs or payment arrangements, please call 425-391-4840.

Please complete this Tuition Selection form and return it to the Sammamish Family YMCA as soon as possible. You are also required to complete the bank draft authorization form. Payment for care is the responsibility of the person signing the agreement. Any custody agreements involving division of child care costs are solely between the legal parties involved and are outside the Payment Agreement made with the Sammamish Family YMCA.

*\$35 Annual Program Membership required for each child.
Please include in first month's payment (if needed).*

Child's Name: _____ **Parent's Names:** _____
Street Address: _____ **Daytime Phone:** _____
City, State, Zip: _____ **Email Address:** _____

All monthly child care payments are collected through bank draft from a checking or savings account on the 12th business day one month in advance (i.e. your payment for child care during the month of January would be deducted on the 12th business day in December, and so on).

My child will be attending (check one):

_____ Snoqualmie Elementary _____ Cascade View Elem. (program at Snoqualmie Elem.)*

*Transportation provided by the Snoqualmie Valley School District

Start Date: _____

Monthly Care Option (See the Tuition Schedule for details and check the care option needed)*

_____ Option #1: Full Year (AM, PM & Summer)	\$555/month
_____ Option #2: School Year (AM & PM)	\$490/month
_____ Option #3: Before School Only	\$290/month
_____ Option #4: After School Only	Fees Vary: Class selection form required.

* All prices are subject to change with notice.

I have read the Bank Draft information sheet and attached the completed Bank Draft Authorization Form, including a voided check. I have completed and enclosed all other registration material. I understand that all cancellations and changes require a written notice two-weeks prior to the bank draft date to receive a refund and that a \$10 processing fee will be charged for any refund. I understand and authorize that NSF or collection fees will be charged to my account for any dishonored check or Electronic Funds Transfer transaction. Such Non Sufficient Funds (NSF) fees will be the maximum amount allowed by law, and will include any applicable taxes.

Signature of Parent/Guardian

Date