

Start Date \_\_\_\_\_ (Office Use Only)

SS \_\_\_\_\_

**ALTAVISTA AREA YMCA CHILD CARE CENTER  
CHILD CARE CONTRACT- SCHOOL TERM 2019-2020  
COMPLETE ONE CONTRACT PER CHILD**

Site Location: \_\_\_\_\_ Date of Contract: \_\_\_\_\_

Parent/Guardian Responsible for Payment: \_\_\_\_\_

Child's Name: \_\_\_\_\_

√ Check the box of the program child will attend.

- Full Time Infant \$140.00 weekly
- Toddler 1 Program: \$125.00 weekly (includes Breakfast, AM/PM Snacks, Lunch & Music Program)
- Part Time Toddler 1 (4 hours a day M-F): \$85 weekly (Breakfast, AM Snack, Lunch & Music Program)
- Toddler 2 Program \$120.00 weekly (includes Breakfast, AM/PM Snacks, Lunch & Music Program)
- Part Time Toddler 2 (4 hours a day M-F): \$80 weekly (includes, Breakfast, AM Snack, Lunch & Music Program)
- Toddler 3 Program: \$115.00 weekly (includes Breakfast, AM/PM Snacks, Lunch & Music Program)
- Part Time Toddler 3 (4 hours a day M-F): \$75 weekly (includes, Breakfast, AM Snack, Lunch & Music Program)
- Full Time Preschool: \$110.00 weekly (includes Breakfast, AM/PM Snack, Lunch, Music Program & weekly Swim Lessons)
- Part Time Preschool (3 & 4 yr. old children 9-12:30 M-F): \$70 weekly (AM Snack, Lunch, Swim Lessons, Music Program)
- Discovery Place Before School Program: \$50.00 weekly\*
- Discovery Place After School Program: \$50.00 weekly\*
- Discovery Place Before & After School Program: \$60.00 weekly\*

\*A 10% discount is applied to the Discovery Place Programs for additional children enrolled after the first child. This discount does not apply to the toddler or preschool programs. The youngest child is full rate, all others get discount.

Program placement is based on the child's age on September 30<sup>th</sup>.

Partial weeks of full days are available upon request for the Toddler and Preschool program based on availability.

**PAYMENT**

A NON-REFUNDABLE registration fee of \$50.00 is required BY JULY 30<sup>TH</sup>. AFTER JULY 30<sup>TH</sup> THE REGISTRATION FEE IS \$60.00 along with the first week payment. Space will not be reserved until paid. The undersigned party agrees to pay the Altavista Area YMCA \$ \_\_\_\_\_ per week for every week in which the child is enrolled in the school program. NO BILLS WILL BE SENT. The Altavista Area YMCA reserves the right to increase fees upon two (2) weeks' notice. Absence from the program shall not affect the responsibility for full payment. YOU WILL BE RESPONSIBLE FOR THE FULL RATE FOR ALL WEEKS, EVEN IF YOUR CHILD DOES NOT ATTEND. THIS INCLUDES CHRISTMAS AND SPRING BREAKS. This agreement requires full payment on each Friday prior to starting on the following Monday OR YOUR CHILD CANNOT START ON MONDAY, unless canceled in writing as stated below. Payments may also be made on a monthly basis and are due the 5th of each month, in advance.

Payments can be made online. You must first call the family center at 434-369-9622 ext. 20 to set up your online account. The family center can also set up automatic pay per request. Payment by check, credit card, money order or cash can be made to the FRONT DESK of the Family Center located at 1000 Franklin Ave., Altavista, Va. or you can mail check or money order to the Altavista YMCA, 1000 Franklin Avenue, Altavista, VA 24517. STAFF CANNOT ACCEPT PAYMENTS AT ANY OF THE SITES. Returned checks are subject to a service fee of \$25.00. If two checks are returned

on the same account, the account must become a "cash only or money order" account. A LATE FEE of \$1.00 per minute per child is calculated starting at 6:01 PM. If the child care center and county sites are closed for more than two (2) days due to inclement weather in a given week, you will not be charged for the days closed. Late payments are subject to a 5% late charge.

**ENROLLMENT/TERMINATION**

NO SPACE FOR YOUR CHILD WILL BE RESERVED UNTIL THE REGISTRATION FEE IS PAID ALONG WITH THE FIRST WEEK PAYMENT. The YMCA reserves the right to terminate immediately a child's enrollment in the school program for any act, word or condition of the child or parent causing disruptions, safety concerns or health concerns for the child, other children or employees of the YMCA. You are subject to dismissal if your account is not kept current, after missing 1 WEEK PAYMENT.

\*\*\*\*\* The child's enrollment can be terminated by the undersigned responsible party by giving two (2) weeks written notice. NOTIFICATION CAN BE GIVEN TO THE YMCA BUSINESS OFFICE, 1000 Franklin Avenue, ALTAVISTA, VA 24517, TO THE FRONT DESK OF THE FAMILY CENTER, TO THE SITE DIRECTOR AT EACH SITE, OR BY EMAILING PAM HARPER AT pharper@altavistaymca.com. Failure to give said notice will result in continued responsibility of payments. Enrollment shall continue until terminated as outlined above. NO PHONE CALLS ACCEPTED.

**SCHEDULING**

The program runs from the first day of public school through the last day of school, Monday through Friday. Child care is available and charged as any other week, full amount, even during our holidays, whether your child attends or not. Our programs run on the school calendar for Campbell & Pittsylvania County Public Schools. All sites are closed August 12<sup>th</sup> (Except Gretna), Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, New Years Day, Easter Monday, and Memorial Day.

**RESPONSIBILITIES**

The parties agree that the Altavista Area YMCA shall not be responsible for medical expenses, incurred by or for the child, not covered by insurance. If this account becomes delinquent, the undersigned responsible party shall be responsible for all service charges, expenses, court cost, attorney's fees or collection agency fees incurred to collect this debt.

I/WE hereby agree to the terms of this contract. POST OFFICE BOXES ARE NOT ACCEPTABLE ON THIS CONTRACT. ALL INFORMATION HAS TO BE COMPLETED. THE HOME & WORK ADDRESS MUST BE COMPLETELY FILLED OUT WITH THE PHYSICAL 911 ADDRESS.

Mother's Signature: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Mother's Printed Name \_\_\_\_\_ Mother's DOB \_\_\_\_\_  
Mother's Physical Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mother's Employment and 911 Employment Address: \_\_\_\_\_  
Zip Code \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Email address \_\_\_\_\_  
Father's Signature: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Father's Printed Name \_\_\_\_\_ Father's DOB \_\_\_\_\_  
Father's Physical Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Father's Employment and 911 Employment Address: \_\_\_\_\_  
Zip Code \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Email address \_\_\_\_\_

**ALL THE ABOVE BLANKS MUST BE FILLED OUT COMPLETELY OR THE CONTRACT WILL BE RETURNED AND NO SLOT WILL BE HELD UNTIL RECEIVED BACK. DO NOT SIGN CONTRACT FOR SPOUSE.**