

INFANT, TODDLER, PRE-SCHOOL CONTRACT

START DATE: _____ (Office Use Only)

ALTAVISTA AREA YMCA FAMILY CENTER
CONTRACT FOR INFANT, TODDLER, PRE-SCHOOL SUMMER CHILD CARE 2022

MUST FILL OUT ONE CONTRACT PER CHILD

Date Contract Signed: _____
Parent/Person Responsible for Payment _____
Child's Full Name: (first & last) _____

PLEASE CHECK THE PROGRAM YOUR CHILD WILL BE ATTENDING

- _____ Infant- \$165.00 per week
- _____ Younger Toddlers (16-24 months)- \$150.00 per week
- _____ Older Toddlers (24-36 months)- \$140.00 per week
- _____ Preschool- \$120.00 per week (includes weekly swimming & melody makers music program)

- Does your child have allergies? (Will they require special _____)
- Does your child require the YMCA to administer Medication, Inhaler or EpiPen during the day or for emergencies?
- Does your child receive assistance from Social Services for their childcare payment?
If you answer yes to any or all of these questions, you will receive additional forms to fill out during registration. These forms must be turned in before the child can start!

Registration Fee for each child **\$45.00 if received by 3/11/22, \$60.00 if received by 5/16/22, \$75 if received after 5/16/22**

ALL INFORMATION MUST BE FILLED OUT COMPLETELY

ALL SCHOOL YEAR ACCOUNTS MUST HAVE A ZERO BALANCE BEFORE STARTING THE SUMMER PROGRAM

ALL BLANKS MUST BE COMPLETED OR THE CONTRACT WILL BE RETURNED AND A SPACE WILL NOT BE HELD FOR YOUR CHILD UNTIL RECEIVED BACK.

PAYMENT

- A NON-REFUNDABLE registration fee of \$60.00 is required 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 summer program. NO BILLS WILL BE SENT. Absence from part of the week shall not affect the responsibility for full payment. This agreement requires full payment on each Friday prior to starting on the following Monday OR YOUR CHILD CANNOT START ON MONDAY. If you wish to remove your child from the program, a 2-week written notice is required in advance. 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 may visit altavistaymca.org – click on childcare tab – click childcare dropdown – register at the bottom of the page. The family center can also set up automatic payments 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 may mail a check or money order to YMCA Child Care 1000 Franklin Ave. Altavista, VA 24517.
- 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, credit or money order” account.
- A LATE FEE of \$1.00 per minute per child is calculated starting at 6:01 PM.
- If the childcare center and county sites are closed for more than two (2) days due to inclement weather in a week, you will not be charged for the days closed. Late payments are subject to a 5% late charge.

ENROLLMENT/TERMINATION

SPACE FOR YOUR CHILD WILL NOT BE RESERVED UNTIL THE REGISTRATION FEE IS PAID ALONG WITH THE FIRST PAYMENT.

- The YMCA reserves the right to terminate immediately a child’s enrollment in camp 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.

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.

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 THEIR PHYSICAL 911 ADDRESS.

I/WE hereby agree to the terms of this contract.

DO NOT SIGN CONTRACT FOR SPOUSE

Mother’s Signature: _____ S.S. # _____
 Mother’s Printed Name _____ Mother’s DOB _____
 Mother’s Physical Home Address: _____ Zip Code _____
 Mother’s Place of Employment and 911 Employment address: _____
 _____ Zip Code _____
 Phone Numbers: 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 Place of Employment and 911 Employment address: _____
 _____ Zip Code: _____
 Phone Numbers: Home _____ Work # _____
 Cell # _____ Email address _____