

Start Date _____ (Office Use Only)

SS _____



ALTAVISTA AREA YMCA CHILD DEVELOPMENT CENTER
EARLY CHILD CARE CONTRACT- SUMMER PROGRAM 2023
COMPLETE ONE CONTRACT PER CHILD

Site Location: _____

Date of Contract:

Parent/Guardian Responsible for Payment: _____

Child's Full Name: _____

✓ Check the box of the program child will attend.

Full Time Infant **\$185.00 weekly** (includes Breakfast, AM/PM Snacks and Lunch when can eat table food)

Full Time Toddlers (16-36 Months): **\$160.00 weekly** (includes Breakfast, AM/PM Snacks, Lunch & Music)

Full Time Preschool: **\$140.00 weekly** (includes Breakfast, AM/PM Snack, Lunch, Music & Weekly Swim)

*A **\$5 discount** is applied to the Discovery Place Programs for additional children enrolled after the first child. This discount does not apply to the infant, toddler, or preschool programs.

Program placement is based on the child's age on September 30th.

***ALL SCHOOL 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.**

A NON-REFUNDABLE Registration fee of **\$60.00 if received by 5/19/23, \$75 if received after 5/19/23** is required along with the first 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 camp. 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, unless canceled in writing as stated on the reverse side of this contract.**

PAYMENT

- Payments can be made online. You may visit altavistaymca.com – 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 Building at 1000 Franklin Ave. Altavista, VA 24517.
- STAFF CANNOT ACCEPT PAYMENTS AT ANY OUTSIDE SITE LOCATION.
- 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 the 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 YMCA does not provide one on one services for children.**
- ***THE CHILD’S ENROLLMENT CAN BE CANCELED BY THE UNDERSIGNED RESPONSIBLE PARTY BY GIVING A TWO WEEK WRITTEN NOTICE. NOTIFICATION MUST BE EMAILED TO cancel@altavistaymca.com NO PHONE CALLS FOR CANCELLATIONS WILL BE ACCEPTED.

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:

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:

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 _____