

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

SS \_\_\_\_\_

ALTAVISTA AREA YMCA CHILD CARE CENTER  
CHILD CARE CONTRACT- SCHOOL TERM 2023-2024  
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)
- Toddler Program: **\$160.00 weekly** (includes Breakfast, AM/PM Snacks, Lunch & Music Program)
- Full Time Preschool: **\$140.00 weekly** (includes Breakfast, AM/PM Snack, Lunch, Music Program & Weekly Swim Lessons)
- Discovery Place Before School Program: **\$65.00 weekly\***
- Discovery Place After School Program: **\$65.00 weekly\***
- Discovery Place Before & After School Program: **\$75.00 weekly\***

\*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 30<sup>th</sup>. Partial weeks of full days or Part-time programs are available upon request for the Toddler and Preschool program based on availability.

PAYMENT

**A NON-REFUNDABLE registration fee of \$45.00 by 7/10/23 or 60.00 after 7/10/23 is required. 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 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 or part of the week 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 THANKSGIVING, 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 on reverse side of contract. Payments may also be made on a monthly basis and are due the 5th of each month, in advance.

**If schools close for non-scheduled calendar days, the full daily/weekly rate will be charged per child.** This does not include the regularly scheduled calendar holidays for the Campbell and Pittsylvania County calendars. This also does not include snow days or 2-hour delays (AM programs only) due to inclement weather.

•Payments can be made online. You may visit [altavistaymca.com](http://altavistaymca.com) – click on childcare tab – click childcare dropdown – register at the bottom of the page. **The family center can set up automatic payments, which is the preferred method of payment by calling 434-369-9622 ext. 20.** 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.

**•STAFF CANNOT ACCEPT PAYMENTS AT ANY SCHOOL 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 CHILD’S ENROLLMENT CAN BE CANCELED BY THE UNDERSIGNED RESPONSIBLE PARTY BY GIVING A 2 WEEK WRITTEN NOTICE. NOTIFICATION MUST BE EMAILED TO [cancel@altavistaymca.com](mailto:cancel@altavistaymca.com) NO PHONE CALLS FOR CANCELLATIONS WILL BE 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 14<sup>th</sup> (Except Gretna), Labor Day, Thanksgiving Day, Day after Thanksgiving, December 22<sup>nd</sup>, December 25<sup>th</sup>, December 29<sup>th</sup>, January 1<sup>st</sup>, Martin Luther King Day, Easter Monday, May 24<sup>th</sup> (Altavista site only) and May 28<sup>th</sup> (Altavista site only), Memorial Day and July 4<sup>th</sup>.**

If schools close for non-scheduled calendar days, the full daily/weekly rate will be charged per child.

This does not include the regularly scheduled calendar holidays for the Campbell and Pittsylvania County calendars. This also does not include snow days or 2-hour delays (AM programs only) due to inclement weather.

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: \_\_\_\_\_

Email address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

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: \_\_\_\_\_

Email address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_