



Jorgensen Family YMCA

School Age Childcare MEMBER Contract Agreement for 2009-10 School Year

Child's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade Fall 2009: _____

Parent's / Guardian's Name: _____

Home Phone Number: () _____ Alternate Phone Number: () _____

Parent's / Guardian's Name: _____

Home Phone Number: () _____ Alternate Phone Number: () _____

Siblings in Program: _____

Please initial that you understand the following:

_____ By signing this contract, I acknowledge that I will be charged for days I have selected REGARDLESS of attendance.

_____ Program fees will be adjusted for scheduled days off, closings, and delays. (Please see handbook for details.)

_____ I am responsible for signing my child(ren) up for scheduled school days off.
(Forms will be available through Childcare Services.)

_____ If there are more than two schedule changes to my childcare contract, I will need to provide a note on letterhead from my employer noting the schedule change OR be subject to a \$25 contract change fee for every change thereafter.

_____ Should my childcare needs change for any reason during the school year, I will need to give a two week notice.
(Emergency situations will be taken into account.)

_____ Payment will be due the Wednesday prior to the week of attendance.

Please circle package and days needed. Example: (1Day/Week: \$10) (2-3 Days/Week: \$28) (4-5 Days/Wk:\$42) M T W TR F

Before School Program: (1 Day/Week: \$10) (2-3 Days/Week: \$28) (4-5 Days/Week: \$42) M T W TR F

After School Program: (1 Day/Week: \$10) (2-3 Days/Week: \$28) (4-5 Days/Week: \$42) M T W TR F

Before & After School Program: (1 Day/Week: \$20) (2-3 Days/Week: \$56) (4-5 Days/Week: \$72) M T W TR F

My child will only be attending on the following **unscheduled days:** Delay Days \$14.50 Cancellation Days \$25

I understand and agree to the aforementioned:

Parent / Guardian Signature: _____ Date: _____

YMCA Staff: _____ Date: _____