



**Jorgensen Family YMCA**

**School Age Childcare NON-MEMBER Contract Agreement for 2010-11 School Year**

**Child's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Fall 2010:** \_\_\_\_\_

**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.)

\_\_\_\_\_ This contract will continue for the 2010-2011 School Year, unless formally cancelled in writing.

\_\_\_\_\_ 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: \$11.25) (2-3 Days/Week: \$32.50) (4-5 Days/Week: \$52.50) M T W TR F

**After School Program:** (1 Day/Week: \$11) (2-3 Days/Week: \$30) (4-5 Days/Week: \$45) M T W TR F

**Before & After School Program:** (1 Day/Week: \$21) (2-3 Days/Week: \$59.50) (4-5 Days/Week: \$82.50) 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:** \_\_\_\_\_