

YMCA of BOULDER VALLEY
THIRD PARTY PARENT RESPONSIBILITY AGREEMENT

This form MUST be signed and submitted at time of registration.

The YMCA of Boulder Valley accepts payment from CCAP at a much lower rate fee than our regular rates. It is important that you read the fee schedule so you are aware of the rates you will be charged for any YMCA services used which are not covered by your third party funding. This agreement is **REQUIRED** for all families who are subsidized by CCAP, Third Party agencies, or other individuals. Please read the following carefully.

As a parent or legal guardian of _____ (child’s name), I understand and agree to the following:

- Initial____I am responsible for payment of my **parent fee by the 1st of every month**. I have read the **Parent Handbook, Fee Schedule, Parent Policy Agreement** including payment policies and understand that I am responsible for any fees not covered by CCAP or third party.
- Initial____I am responsible for **payment at the full fee for any care I use that is not authorized by CCAP**. This includes, but is not limited to:
 - Any care that occurs before or after the dates authorized by CCAP
 - Care used on days/times not authorized by CCAP
 - Late pick-up fees
 - Late payment fees
 - No notification fees
 - **ANY** other fees as indicated in YMCA documents, including the Acknowledgement Agreement, Fee Schedule and Parent Handbook.
- Initial____I am responsible for **contacting CCAP and the YMCA immediately, in writing** if my situation changes (**employment status, hours of work or enrollment in school, class schedule, custody issues, living arrangements, change of address**).
- Initial____I am responsible for providing my caseworker with documentation at least **two weeks before my contract expiration date**. This gives your caseworker time to process your information and get a new authorization to us before your current contract expires.
- Initial____Cancellation/Expiration of CCAP funds **does not automatically cancel, enroll, or change** my childcare with the YMCA. **I am responsible for completing registration and change/cancellation forms** according to YMCA policies. **If your CCAP expires**, we assume you want to continue childcare as a **full paying family** until you notify us otherwise.
- Initial____I understand that **YMCA Financial Assistance may be available** if I do not qualify for CCAP. I must provide a letter from CCAP stating why I am no longer eligible. Financial Assistance **is not retro-active** so it is important to apply 2 wks before your CCAP expires.
- Initial____I understand that **failure to make payments as scheduled can/will result in termination of my care and will result in lack of CCAP benefits for any future providers. Failure to pay all fees in a timely manner may result in dis-enrollment from the program and your account being sent to collections.**

Copy of Authorization Attached _____ Expiration Date _____ Monthly Parent Fee \$ _____

Child’s Name _____ Program Location School Year _____
 Program Location Summer _____

Parent/Guardian Signature _____ Date _____