

YMCA of Boulder Valley
School Age Program Payment Authorization Form

Child(ren)'s Name(s) _____ **School** _____

Responsible Party – Name _____ **Relationship to child** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone (H) _____ **(C)** _____ **(W)** _____

1st Mother/Guardian Email _____ **2nd Father/Guardian Email** _____

CHANGE/CANCELLATION POLICY: The responsible party must submit a change/cancellation form to the **Site Director 30 days in advance**. **No refunds** are given for fees already paid. A credit may be given, usable for any YMCA programs may be issued when appropriate.

I understand that I will **receive a statement around the 20th of each month**, stating the balance due, regardless of the payment plan I am on. It is my responsibility to notify the School Age Program billing office **of any errors immediately upon receiving my statement**.

I understand I will be charged a **\$25 fee for any returned payment or if payment is not received on the 2nd** of each month. If payment is not received **by the 15th** an additional \$25 will be charged.

I am registered on the following plan:

___ **YEAR ROUND (12 months)** ___ **SCHOOL YEAR (9 months)** ___ **DROP IN SCHOOL YEAR (must be on auto draft)**

Auto Draft with Visa/MC

- I hereby authorize the YMCA of Boulder Valley to draft my debit/credit card on or after the 2nd day of every month for the amount of my account balance. The balance may include my monthly fee and/or other school age program related fees due in accordance with the Parent Handbook, Parent Policy Agreement or Fee Schedule.
- This authorization shall remain in effect until I cancel the Auto Draft agreement service with a 30 day written notice.
- I understand it is my responsibility to update any changes or expiration dates for my card 10 days before the draft date.
- If I wish my payment plan to change, I must submit a new "Payment Authorization Form" 30 days in advance of draft date.

Card Holder Name: First _____ Last _____

Card # _____ VIN Code _____ Exp. Date _____

Responsible Party Name (please print) _____ Date _____

Responsible Party Signature _____ First Draft Date _____

MANUAL PAY OPTION: (School Year and Year Round Plans Only)

An additional \$10 per month fee is charged for this option to cover the costs incurred by staff to process your payment. Payment must reach the School Age Program billing office by the 2nd of every month.

Responsible Party Name (please print) _____

Responsible Party Signature _____ Date _____

The YMCA of Boulder Valley supports families in need with financial assistance through generous contributions from community organizations and individuals through our **Strong Kids Campaign**. Would you like to make a contribution by adding it to your monthly payment? **Yes, in the monthly amount of: \$ _____ or a one time donation of: \$ _____**
For more information concerning how you can support families through our Strong Kids Campaign please contact:
Shaun Barnes, Associate Executive 303-443-4474 x 4290 or shaun.barnes@ymcabv.org

Please contact School Age Billing Office if you have questions: 303-443-4474 x 1297

Payment made today: \$ _____ for the month of _____ by cash ___ check# ___ visa/mc listed above _____

Intake Date _____ Intake Name _____ Date Entered _____ Entered Initials _____

Submitted at: Program Site _____ Mapleton ___ Arapahoe ___ Mail ___ Fax _____