



For Youth Development
For Healthy Living
For Social

YMCA of Topeka School Day off Camp

A fun filled program will be available for children at the Southwest YMCA Location.

Cost is 27.00 Member/ 30.00 Non-Member - per child per day

Hours of care are: 7:00am - 6:00pm

Please Bring:

- Non- Perishable sack lunch (no soda please)
Medication (if necessary) with completed authorization form
Swimsuit & Towel

\*\*Notice: If registered children are unable to attend, please call at least 24 hours in advance to cancel. If registration is not cancelled, a \$ 10 administrative fee will be Charged\*\*\*

Please Circle Days - Write in Dates Needed

Table with 5 columns: Monday, Tuesday, Wednesday, Thursday, Friday. Each column has three horizontal lines for writing.

Please Print

Child's Name: Child's
Child's Name: Child's

Emergency Contact Information:

Parent/Guardian: Parent/Guardian:
Phone #: Phone #:
Email #: Email #:

PAYMENT INFORMATION ON BACK OF FORM MUST BE FILLED OUT TO COMPLETELY TO ENROLL CHILD

Parent/Guardian Signature Date

Staff Initials Date Acct#

YMCA OF TOPEKA

Southwest Branch, 3635 SW Chelsea, Topeka, Kansas 66614 - 785-271-7979

# YMCA Program Payment Agreement

Initials **Accounting Policies:**

- \_\_\_ 1. Acceptable payment form is: Scheduled payment by Electronic Funds Transfer (EFT) or credit card. Pay in full by cash, check or credit card.
- \_\_\_ 2. Drafts will be made on Friday for the following week of primetime & kid's club. **Drafts will be made each week unless two-week written notification** has been provided for cancellation.
- \_\_\_ 3. The Y does not issue statements for individual tax purposes. Please keep any and all cancelled checks, payment receipts or bank statements as documentation of childcare payments.
- \_\_\_ 4. No adjustments in the weekly fee will be made for partially attended weeks.
- \_\_\_ 5. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$30 will be collected electronically. Any change to your billing information must be received at least seven days prior to the date the change is to take effect. A \$10 late fee will be assessed on payments not made by the deadline.
- \_\_\_ 6. If full payment arrangement is not received, I understand that my child will be considered unregistered for primetime and will not be able to attend until the arrangement is received.

**Payment Information:**

Parent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_ I will make advanced payment in full at the YMCA Front Desk at the time of registration

\_\_\_ I will be paying with electronic funds transfer. Information below is required with a voided check:

Bank Name: \_\_\_\_\_ Bank City/State \_\_\_\_\_

Type of Account: \_\_\_ Checking \_\_\_ Savings

Print your name as it appears on the account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_ I will be paying with a Credit Card: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Print name as is appears on card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_ I receive third party payments, i.e. DCF/SRS, KVC, (Must have DCF/SRS/KVC approval letter prior to attend) I understand that I am responsible for all copayment. Fees and payments will not be determined by time sheets.

***We have read the Accounting Policies and agree to comply with all payments and policies.***

\_\_\_\_\_  
Responsible Party for Bill

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Print Name of Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date