

# Twin Pike Family YMCA



## Payment Form

### 21<sup>st</sup> Century Community Learning Centers at Bowling Green R-I School District

**\$10.00 per week for Afterschool Care**

The above rate represents only a small percentage of the actual per child cost of the programs. The greater portion of the program costs are paid by the 21<sup>st</sup> Century Community Learning Centers grant. We prefer the fees be paid either weekly, monthly, semi-annually, or yearly.

Please mark one of the following:

- I wish to pay weekly (5 program days) **\$10.00 See Payment Calendar**  
Payment is due each Monday or the first school day of the week.
- I wish to pay monthly **See Payment Calendar**  
Payment is due on the first school day of the month.
- I wish to pay semi-annually (by semester) **Aug 14<sup>th</sup> - \$164.00 Jan. 5<sup>th</sup> - \$174.00**  
Payment is due on the first day of each semester.
- I wish to pay for the entire year (based on 169 program days) **\$338.00**  
Payment is due on the day you register.
- I would like to contribute a one-time \$\_\_\_\_\_ donation toward the fees of a child in the program needing assistance with fees.

- Fees are charged and must be paid for in slots - five days per week. They may not be paid daily (no refunds for non-attendance days).
- There will be a \$20.00 charge on checks returned from the bank.
- Subsidy funding is available for low income families. Please contact your Site Coordinator.
- Emergency Day Care - If a need arises for your child to attend after school in the event of an emergency they may do so. The rate is \$5.00 per day. We can't accept daily payment otherwise. Registration forms must be on file before an Emergency Day may be used. The Program Director must be notified by the parent **before** the child can attend. Emergency Day Care will be determined on a case by case basis and must be a true emergency situation.

**Bowling Green K-6 Program**       **Frankford K-5 Program**

**Child's Name:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardian Signature**