



Allegheny Highlands YMCA Early Learning Program CONTRACT

Child's Name: _____

1. Registration fee of \$100 per child, per program fiscal year, is due upon enrollment, and is NON-REFUNDABLE. No space will be reserved for your child until the registration fee is paid.
2. PROGRAM FEE: Payment is due on the Thursday prior to the following week's service. Full payment is due regardless of child's attendance.
3. FAILURE TO MAKE SCHEDULED PAYMENT: Accounts past due two weeks will result in the termination of child's space in program.
4. LATE PICK UP FEE: A late pick-up fee of \$5 per minute after center closing.
5. The YMCA will charge a \$20 service fee for any check unpaid or returned.
6. The After School fee includes one school day-out/holiday per week. Additional days will be pro-rated according to fee schedule.
7. HOLIDAYS: A limited number of holidays have been accounted for in establishing the fees.
8. Each child enrolled in full-day child care or summer camp receives one week of vacation during the school calendar year. The week of vacation must be taken as a week of five consecutive days - not an accumulation of individual days. Parent must notify the Child Care Office no later than 9 am Monday, one week prior to vacation for billing adjustments.
9. Withdrawal: If you decide to withdraw your child from the program, we require a two week written notice. Cancellations must be in writing and submitted to the Child Care Office no later than 9 am Monday, two weeks prior to the session you are cancelling. If this notification is not made, a penalty of half the session fee is required.
10. Should this account become delinquent, the undersigned responsible party shall be responsible for all service charges, expenses and attorney/collection agency fees incurred during collection of the debt.

Check all program services that apply:

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| <input type="checkbox"/> Full Day Infant | <input type="checkbox"/> Full Day VPI | <input type="checkbox"/> Emergency/Drop In |
| <input type="checkbox"/> Full Day Toddler | <input type="checkbox"/> Full Day Early Head Start | <input type="checkbox"/> DSS Client |
| <input type="checkbox"/> Full Day Pre School | <input type="checkbox"/> Full Day Head Start | <input type="checkbox"/> Junior Counselor |
| <input type="checkbox"/> Half Day Pre School (3) | <input type="checkbox"/> Before School | <input type="checkbox"/> Holiday Camp |
| <input type="checkbox"/> Half Day Pre School (5) | <input type="checkbox"/> After School | <input type="checkbox"/> Summer Day Camp |
| <input type="checkbox"/> School Day Out | <input type="checkbox"/> Before/After School | <input type="checkbox"/> Financial Assistance |

Program Site: Central West Eagle Rock

DAILY FEE: WEEKLY FEE: MONTHLY FEE:

*** MEDICAL EXPENSES *** The parties agree that the Allegheny Highlands YMCA shall not be responsible for medical expenses incurred by - or for - the child that are not covered by the child's insurance provider.

We hereby agree to the terms of this contract.

PARENT/GUARDIAN SIGNATURE _____ Date _____

PARENT/GUARDIAN SIGNATURE _____ Date _____

STAFF SIGNATURE _____ Date _____