



# DRAFT AUTHORIZATION

## B.R. RYALL YMCA KINDERGARTEN ROUND UP PROGRAM

Participant Name \_\_\_\_\_ Member ID# \_\_\_\_\_

Parent/Guardian Responsible for Payment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (Home/Work/Cell) \_\_\_\_\_

The fee structure is based on a flat monthly rate, which is determined by your child’s enrollment status. Each child is charged for their registered enrollment times, not for actual attendance. Fees have been determined by spreading the total cost of the program into nine equal monthly installments. Therefore, the monthly amount is always the same no matter how many program days occur in a month. Billing begins in September and ends in May. **NOTE: December and March drafts remain the same even though there are school holidays.**

**A one-time non-refundable \$35 registration fee must be paid upon submitting this form. The fee may be paid via check or money order (payable to B.R. Ryall YMCA), or via credit card listed below under Payment Information.**

If paying by credit card, please check the box below.

I authorize B.R. Ryall YMCA to charge the credit card below for the \$35 registration fee.

### KINDERGARTEN ROUND UP PROGRAM REGISTRATION

PROGRAM START DATE \_\_\_\_\_

	<b>Monthly Draft</b>	<b>Extended Care</b>
Kindergarten Round-Up	<input type="checkbox"/> \$600	<input type="checkbox"/> AM \$75 <input type="checkbox"/> PM \$100

#### MEMBERSHIP DISCOUNT

As a benefit of having a family or household membership at the B.R. Ryall YMCA, families with either membership type will receive a \$50 discount off their monthly draft. Please check below if this applies:

Yes, we have a family or household membership.

**Financial Aid**  YMCA  State/YWCA Aid percentage or amount \_\_\_\_\_

In order to honor any financial aid, all necessary forms must be provided to the Child Care Director. The Director will then follow up with the approved rate.

### PAYMENT INFORMATION

**DRAFTS WILL BE MADE ON THE 1ST OF THE MONTH.**

**ACH DEBIT** \_\_\_\_\_  
Routing Number

**Voided Check Required** \_\_\_\_\_  
Bank Name

**CREDIT CARD** \_\_\_\_\_  
Account Number

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Card Type

\_\_\_\_\_  
Expiration Date

#### TERMS AND CONDITIONS

I agree to have the monthly fee(s) for child care automatically drafted from my bank account and/or charged to my credit card as outlined above. It is my responsibility to inform the B.R. Ryall YMCA of any changes to my account. Should any draft be returned/declined by my bank for any reason, I agree to pay the delinquent amount immediately.

Signature of account holder \_\_\_\_\_ Date \_\_\_\_\_

<b>DIRECTOR USE ONLY</b>	Monthly Amount Due \$ _____	Prorate \$ _____	FA Type _____
	Facility _____	Session _____	<input type="checkbox"/> Alt REV. 05.14.18