



DRAFT AUTHORIZATION

B.R. RYALL YMCA SAFE 'N SOUND "LEARN AND PLAY" PROGRAM FOR D89

Participant Name _____ Member ID# _____

Parent/Guardian Responsible for Payment _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone (Home/Work/Cell) _____

PROGRAM REGISTRATION

Program Start Date _____ School _____

The program fee is a flat monthly rate of \$840.

Each child is charged for registered enrollment, not for actual attendance. The fee has 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.**

If school resumes in-person learning, you will have the option of donating the daily rate back to the Y or receiving a credit/refund.

A one-time non-refundable \$50 registration fee must be paid upon submitting this form. This one-time registration fee is waived for families with a B.R. Ryall YMCA family or household membership.

I would like to pay my \$50 registration fee via:

Check/money order (payable to B.R. Ryall YMCA) Credit card (listed under payment information below)

My fee is waived. We have an active family or household membership at the B.R. Ryall YMCA.

FINANCIAL AID

If you currently receive financial aid, indicate type: YMCA State/YWCA Aid percentage or amount _____

Will you need to apply for financial assistance? Yes No

In order to honor any financial aid, all necessary forms must be provided to the Senior Director of Youth Development, who will then follow up with the approved rate.

PAYMENT INFORMATION

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

ACH DEBIT

Routing Number _____

Account Number _____

Voided Check Required

Bank Name _____

Name on Account _____

CREDIT CARD

Account Number _____

Card Type _____

Cardholder Name _____

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 _____

DIRECTOR USE ONLY

Monthly Amount Due \$ _____ Prorate \$ _____ FA Type _____

Facility _____ Session _____ Alt REV. 08.14.20