



2018 YMCA Summer SACC Enrollment Contract

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Employer Name/Phone: _____

Email Address: _____

Parent DOB: _____

I receive DSS Assistance	Yes	No
If you are receiving DSS assistance you must provide the DSS Approval Letter .		
I am requesting a financial assistance Scholarship	Yes	No
If you are requesting assistance you must complete the Scholarship Application .		

Summer SACC Billing Procedures

Registration/Payments for Summer SACC

- There is a \$25 registration fee for the first child and \$20 for each additional child. If you register prior to May 25, 2018 and pay the first week in full, we will waive the registration fee. Registration after May 25, 2018, will require the first week's care cost and registration fee. This registration fee is non-refundable. **Registration must be completed by June 8, 2018 to begin the first week of summer.** Registration after June 8th will require a waiting period; the waiting period is determined by the time it requires to process the paperwork and get all documentation forwarded to the SACC site.
- If your child requires medication, has asthma or any special needs, all forms must be completed prior to the child attending. A Medication Consent Form must be completed for each medication. The medication must be labeled with the child's name, dosage and expiration date and turned in to the office at the time of registration.
- We are unable to bill an individual third party for the cost of your child's care. If there is party who is responsible for the cost of your child's care through a court order it will be your obligation to seek payment from that individual. Any week which is not paid by the due date may result in suspension of services.
- Payment for SACC is due each Friday prior to the week of service, you will not receive weekly statements, but rather one statement at registration. Your child may not attend program if payments are not received the Friday prior to the service week. Program begins at 7:00 A.M. and ends at 6:00 P.M. A late fee of \$5.00 for the first five minutes you are late to pick up your child and an additional \$2.00 for each minute thereafter. Suspension may occur for habitual late pickups.
- You will be sold each week individually based on 1 day, 2/ 3 days or 4/ 5 days of attendance. The sibling discount is applied to the child who attends the least. There is no sibling discount when a YMCA scholarship is awarded.
- The SACC program requires a two (2) week notice to cancel your child from the program. Cancellation must be provided to an administrative staff in writing.

Attendance cost per week for the first child.		Attendance cost per week for each additional child.	
1 day	\$64 per week	1 day	\$52 per week
2 or 3 days	\$114 per week	2 or 3 days	\$92 per week
4 or 5 days	\$171 per week	4 or 5 days	\$136 per week

Method of Payment

_____ I choose Statement Billing. You may pay with a check, money order, or credit card at your child's SACC site or any of the three YMCA branches.

_____ I choose Auto Pay. Your credit card ending with _____ will be processed each Friday prior to the service week.

Memorandum of Understanding: I have read and understand the foregoing. I understand that space is reserved for my child and I am responsible for payment for the contracted days. I am responsible for any additional service days utilized at the **1 DAY RATE**. I have received and understand the contents in the parent handbook. I understand that I am the party ultimately responsible for the cost of care despite third party assistance or subsidies. My services may be suspended for any account which is in arrears.

Parent/Guardian Signature: _____

Date: _____

First Child's Information		June/July	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each week.	Bill Due Date	August/September	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each	Bill Due Date	
Last Name			One	25	26	27	28	29		6/8		Six	30	31	1	2	3			7/27
First Name			Two	2	3	4	5	6		6/29		Seven	6	7	8	9	10			8/3
			Three	9	10	11	12	13		7/6		Eight	13	14	15	16	17			8/10
			Four	16	17	18	19	20		7/13		Nine	20	21	22	23	24			8/17
			Five	23	24	25	26	27		7/20		Ten	27	28	29	30	31			8/24
Second Child's Information		June/July	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each week.	Bill Due Date	August/September	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each	Bill Due Date	
Last Name			One	25	26	27	28	29		6/8		Six	30	31	1	2	3			7/27
First Name			Two	2	3	4	6	6		6/29		Seven	6	7	8	9	10			8/3
			Three	9	10	11	12	13		7/6		Eight	13	14	15	16	17			8/10
			Four	16	17	18	19	20		7/13		Nine	20	21	22	23	24			8/17
			Five	23	24	25	26	27		7/20		Ten	27	28	29	30	31			8/24
Third Child's Information		June/July	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each week.	Bill Due Date	August/September	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each	Bill Due Date	
Last Name			One	25	26	27	28	29		6/8		Six	30	31	1	2	3			7/27
First Name			Two	2	3	4	5	6		6/29		Seven	6	7	8	9	10			8/3
			Three	9	10	11	12	13		7/6		Eight	13	14	15	16	17			8/10
			Four	16	17	18	19	20		7/13		Nine	20	21	22	23	24			8/17
			Five	23	24	25	26	27		7/20		Ten	27	28	29	31	31			8/25
Fourth Child's Information		June/July	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each week.	Bill Due Date	August/September	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Write the Total Days for each	Bill Due Date	
Last Name			One	25	26	27	28	29		6/8		Six	30	31	1	2	3			7/27
First Name			Two	2	3	4	5	6		6/29		Seven	6	7	8	9	10			8/3
			Three	9	10	11	12	13		7/6		Eight	13	14	15	16	17			8/10
			Four	16	17	18	19	20		7/13		Nine	20	21	22	23	24			8/17
			Five	23	24	25	26	29		7/20		Ten	27	28	29	30	31			8/25
Please Place an "X" over each day on the calendar that your child(ren) will attend program.																				