



Greater Kingsport Family YMCA
Afterschool / Day Camp
DRAFT AGREEMENT

Today's Date:
 Month/Day/Year

Participant Name: _____

Person Responsible for Payment: _____ **Date of Birth:** ___/___/___

Payment Plan Choice (circle one): Weekly Semi-Monthly (1st/15th or 5th/20th) Monthly (1st, 5th, 15th, or 20th)

PAYMENT POLICY AND DRAFT AGREEMENT

- Draft payments will be processed on the first Monday in the billing cycle that you have chosen (weekly, semi-weekly, or monthly). You are responsible for the entire amount for which you are enrolled, even if your child misses days during the week.
- A **\$1 per minute** charge will be added when you are late picking up your child and will be drafted accordingly after fee is posted.
- All fees from previous YMCA programs must be current in order to enroll
- To terminate enrollment, you must complete a Change Request Form at the YMCA facility no later than five (5) business days prior to the week of withdraw to stop the draft (Afterschool ONLY).

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ALL PROGRAMS

- **Initial** _____ Bank or credit card draft is a **CONTINUOUS**, perpetual draft that ends when the enrolled child care program concludes. I understand there are no refunds given. **It is my responsibility to check my monthly statements and report any corrections within 30 days to the YMCA.** I also understand that I will not receive a statement or billing for my child care from the YMCA and **depending on the draft option I choose, my childcare draft may start before my child starts the program.**
- **Initial** _____ It is my complete understanding that if I wish to cancel my child care and withdraw from the program, **I MUST complete the CHANGE REQUEST FORM at least 5 DAYS** before my draft date (Afterschool ONLY). If I wish to change my child care in any way (including changes in my draft information), **I MUST complete the CHANGE REQUEST FORM and it may take up to 10 DAYS** for the changes to take effect (forms available at the Member Services Desk).
- **Initial** _____ Should my child care draft not be honored for **ANY REASON**, I realize that I am still responsible for that payment plus a **\$15 service charge** applied by the YMCA. This is in addition to any service fee I may be charged by my financial institution. If the draft does not go through for a billing cycle, my child care may be subject to termination. Once my past due balance is paid, my child care and draft will be reactivated.
- **Initial** _____ **CAMP ONLY**
I understand that my child is enrolled for _____ weeks of camp. I understand that I am responsible for payments for all sessions for which my child is registered, regardless if they attend or not.

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Signature _____ **Date** _____

FOR OFFICE USE ONLY

Payment Option
 ___ Weekly
 ___ Semi-Monthly 1st & 15th or 5th & 20th
 ___ Monthly 1st 5th 15th 20th

1st Draft Date ___/___/___

Checking Savings Visa MasterCard

Last 4 digits on account: _____

Staff Signature _____

Program Enrolled _____

Fees:

Current Fees Due \$ _____

Registration Fee \$ _____

Total Due \$ _____

Notes
