



YMCA  
We build strong kids,  
strong families, strong communities

## YMCA of Columbia – Willamette

### CHILD DEVELOPMENT CENTER PAYMENT POLICIES AND AGREEMENT

Please complete the following information:

#### STATISTICAL INFORMATION

This program is provided through support of the United Way and the USDA. The following information is for statistical purposes only.

<b>Ethnicity</b>	<b>Monthly Gross Income</b>	<b>Household Status</b>
<input type="checkbox"/> White	<input type="checkbox"/> \$0-\$500	<input type="checkbox"/> Single Parent
<input type="checkbox"/> African American	<input type="checkbox"/> \$501-\$1000	<input type="checkbox"/> Dual Parent
<input type="checkbox"/> Native American	<input type="checkbox"/> \$1001-\$1597	# of People in Household <input type="text"/>
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> \$1598-\$2000	
<input type="checkbox"/> Hispanic, specify	<input type="checkbox"/> \$2001-\$2500	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	<input type="checkbox"/> \$2501-\$4021	
<input type="checkbox"/> Additional Category	<input type="checkbox"/> \$4022+	
List _____		

Please indicate billing party:  1<sup>st</sup> parent  2<sup>nd</sup> parent  AFS  CSD  JOBS  DWP  Other \_\_\_\_\_

#### Please select desired payment option:

- Electronic Funds Transfer/Bank Draft:** All transfers will occur on the first business day of the month for which service is being provided. An authorization form must be completed and submitted with this form along with a voided check or deposit slip.
- Electronic Credit Card Draft:** Charges will be processed on the first business day of the month for which service is being provided. (All additional fees, i.e. late fees, additional days, etc., must be paid by check or money order at the time of service.) An authorization form must be completed and submitted along with this form.
- Monthly Payment:** Payment made by check, money order or cash is accepted at the Association Services Office only. Full payment must be received in the Association Services Office by 5:00 PM on the 1<sup>st</sup> business day of the month for which service is being provided. The YMCA reserves the right to require electronic draft for any account paid late 2 consecutive months or 3 times in a six month period.

#### ADDITIONAL CHARGES:

**A LATE CHARGE of \$35.00 will be assessed on the 7<sup>th</sup> of each month for unpaid balances.** A fee of \$25.00 will be assessed for returned items, along with a late charge if applicable. Failure to remit payment will result in a discontinuation of service.

#### CHANGES:

In order to assure processing, 14 days notice is required for changes. For changes regarding payment option, please contact the Association Services Office. For changes or inquiries of schedule and package information, please contact the Program Office.

#### MONTHLY FEES/PAYMENTS:

Full payment is due in the Association Services Office by the 1<sup>st</sup> business day of each month for which service is being provided. Failure to comply with terms will result in discontinuance of service. **Please mail payments to: Association Services, 9500 SW Barbur Blvd., Suite 200, Portland, OR 97219-5426.** Fees are established for the entire program which operates during the course of the year. The total cost is divided over the 12 month period.

#### THIRD PARTY PAYMENTS:

The YMCA welcomes third party payments, i.e., AFS, JOBS, CSD, etc., once written verification is received from the third party. Fees accrued prior to the effective date, as well as unpaid portions, are the responsibility of the parent.

#### CONFIRMATION

This form will serve as your confirmation which includes your monthly fee. Additional statements and/or bills will not be issued.

**This is to confirm that my child is registered at (location) \_\_\_\_\_, (package) \_\_\_\_\_, for the requested times indicated on Page 1 at a monthly rate of \$ \_\_\_\_\_. I understand payments are due on the first business day of each month for which services are being provided, failure to remit will result in the discontinuation of services. All late charges/collection fees incurred are my responsibility. I have read the policies, terms and conditions as stated above and agree to abide by all.**

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 YMCA Program Staff Approved \_\_\_\_\_ Region \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	Association Services Processed	Date
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