



YMCA CHILD CARE MULTIPLE PARTY BILLING AGREEMENT

Child Care Site Location: _____ Branch Name: _____

Child's Name: _____ Birth Date: _____ Gender: **M / F**

Primary Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

First Parent / Guardian Name: _____ Birth Date: _____ Gender: **M / F**

Primary Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Regular Payment Amount: \$ _____ % of Total Fees _____ Frequency: **W / M**

Billing Type: **Statement / EFT** (include a signed EFT authorization form) YMCA Account # _____

Parent / Guardian Signature: _____ Date: _____

I agree to and understand the payment policy. I will be paying fee as indicated above for the participation of my child in the YMCA Child Care Program.

Second Parent / Guardian Name: _____ Birth Date: _____ Gender: **M / F**

Primary Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Regular Payment Amount: \$ _____ % of Total Fees _____ Frequency: **W / M**

Billing Type: **Statement / EFT** (include a signed EFT authorization form) YMCA Account # _____

Parent / Guardian Signature: _____ Date: _____

I agree to and understand the payment policy. I will be paying fee as indicated above for the participation of my child in the YMCA Child Care Program.

In cases where multiple parties are making payments to a specific childcare account, the YMCA is **NOT** responsible for determining which party has the financial responsibility for specific weeks/days. If you choose to elect multiple party payments for your child's account, a multiple party payment form must be completed and signed by both parties. Both parties will have full disclosure on account activity. Failure to satisfy account payment in full will jeopardize child's participation in the program. Please refer to Parent Handbook for details. Payment percentage will be applied to changes, add-on's, and school release days.