

Child Care Services – Afterschool Program

ATTENDANCE AND PAYMENT OPTION FORM

Child's Name _____

Instructions: Please select a payment/attendance option plan. It is required that your child is on a weekly schedule and that you have informed the site director the Friday prior to any changes in your child's schedule for the upcoming week. (It is no longer a requirement to call the YMCA office with your child's weekly attendance changes if you have notified the Site Director.) Please talk with your child's Site Director if you have a special circumstance regarding your child's attendance, and they will be able to assist you.

Please note this is regarding attendance only and payments are still required to be made via mail, at a YMCA branch, online (www.ymcawnc.org), or bank draft by the required deadline.

PLEASE SELECT ONE ATTENDANCE/PAYMENT OPTION PLAN

- \$60 - 5 Days a Week - Various Payment Methods (online, voucher, cash, check, credit card, money order, etc)
- \$55 - 5 Days a Week - Bank Draft Only
- \$36 - 3 Days a Week – Please see instructions above if child's schedule will vary – Please let us know if you have a special circumstance regarding your child's attendance.

ADDITIONAL INFORMATION – Please check all that apply:

- Buncombe County Schools employee** – All BCS employees receive a 25% discount. Please note location of employment: _____
- Child Care Subsidy Vouchers attached**
- Application for YMCA Financial Assistance attached**

CREDIT CARD/BANK DRAFT INFORMATION – Please select one draft option to pay by a weekly draft. Please note the first payment and registration fee must be paid via an alternative payment method.

Credit Card Draft Information - Type of Credit Card Visa MasterCard **Expiration Date** _____
Name on Card _____ Credit Card Number _____
(please include 3 digit code on back of card)

Bank Draft Information – Please attach a voided check.

Name of Bank _____ Name of Account Holder _____
Transit Number _____ Account Number _____

I authorize the YMCA of Western North Carolina to draft \$ _____ once a week from my account. I understand a different payment method is required for the first payment and registration fee. Should my draft not be honored for ANY REASON, I realize that I am still responsible for that payment plus a \$30 service charge applied by Federal Automated Recovery Systems (FARS). This is in addition to any service fee I may be charged by my financial institution. FARS will automatically electronically debit the account when funds become available. I understand that my child(ren) will be unable to attend the program until my past due balance is paid.

► _____
(PRINT NAME) (SIGNATURE) (DATE)