

YMCA Buffalo Niagara - School Age Child Care Program Cost Worksheet

LANCASTER SCHOOLS

Child's Name: _____

School: _____

Days Attending:

- ◆ On the reverse side of this form, indicate the days your child will be attending our program by circling AM, PM, or 1/2 Day Program. If your child will not be attending a specific day or time, simply leave the box blank.
- ◆ Add all circled amounts ACROSS for each week
- ◆ Add all weekly amounts DOWN for monthly fee
- ◆ Use the following worksheet to apply discounts, third party, or scholarship amount that you may qualify for.

Cost Work Sheet:

1	Total Monthly amount	
2	YMCA Financial Assistance	-
3	Subtotal (Line 1- Line 2)	=
4	Credits Initial Deposit Credit slips (Enclose Credit Voucher for each AM or PM days absent) 2 nd Child Discount 10% Third Party Payment	- - - -
5	Outstanding Fees Late pick-up or Drop in days from previous month(s)	+
6	Final Total (submit this amount with your calendar)	

Note: Any days that are not pre-registered are available depending on space and staff. Please call the office staff to check if space is available at 684-2395.

Additional days will be charged the Drop-In Rate. The pricing is as follows:

Como Park	AM	\$11.25	PM	\$13.50
Court Street	AM	\$11.25	PM	\$13.50
Hillview	AM	\$11.25	PM	\$13.50
Sciole	AM	\$11.25	PM	\$13.50
ACE	AM	\$11.25	PM	\$14.00

Payment:

- ◆ A monthly calendar of attendance **must** be submitted with payment in full 10 business days prior to the start of the weeks(s) for which you're registering.
- ◆ Weekly calendar of attendance must be submitted with payment in full by Thursday the prior week by noon. (This needs approval for days needed as space allows.)
- ◆ Please refer to the Parent Handbook for registration options.
- ◆ The drop in rate will be charged for any days of attendance for which a calendar has not been received by the due date.

Payment Options:

- ◆ Payments (Check, Money Order, Visa, MasterCard, American Express or Discover) may be made at the YMCA branch or by mail.
- ◆ We are located at **Lancaster Family YMCA, 31 Central Avenue, Lancaster, NY 14086.**

Payment Enclosed (check all that apply):

Check or money order made payable to the Lancaster Family YMCA

MasterCard or Visa Credit Card # _____ Exp. Date: ____/____

American Express

Discover

Authorized Signature:
