



YMCA OF SILICON VALLEY Registration Contract & Admission Agreement

Member Number Begin Enrollment Date

School Year Grade in Fall This School Year

Child's Full Name

Birthdate Male Female Ethnic Origin

Address City ZIP Home Phone

Parent/Guardian Legal Name Birthdate

Parent/Guardian Legal Name Birthdate

Email Child Lives With Mother Father Both Grandparents Other:

PLEASE REFER TO FEE SHEET FOR PRICING AND PROGRAM CHOICES

Program Choice(s)

Check applicable day(s) of the week

Branch

1) M T W Th F

Center

2) M T W Th F

Termination Conditions: If you wish to cancel your child's enrollment please submit written notification using our Change & Cancellation form at least 2 weeks in advance. Forms are located at the program.

3) M T W Th F

I understand my monthly tuition is \$

PAYMENT OPTIONS (check one)

Full Payment for the year
Due at registration

Monthly Payments
Due by the 20th
prior to service

Bank Draft
Due by the 3rd or 20th
prior to service

Credit Card Transfer
Due by the 3rd or 20th
prior to service

Third Party Agency Yes No

PLEASE READ THE FOLLOWING AND SIGN BELOW

I have read the tuition and payment policy of the YMCA of Silicon Valley Child Care Centers, the Admissions Agreement located on the back of this form, and the Family Handbook. My child and I have also read and signed the YMCA's School Age Student Behavior Management Procedures. I understand all fees are due on the 20th of the month prior to service. A \$35 late fee will be assessed for any payment received after the 1st of the month (\$35 limit per family). If payment is not received by the 5th, childcare services may be suspended. If payment is the responsibility of more than one parent, two signatures are required. **I also understand that a annual non-refundable registration fee is required for each child enrolling.**

I/we understand that I/we are jointly responsible for the payment of our child's child care fees at your center as well as any changes made to the registration packet and that the YMCA is authorized to discuss payment status with either/both of us. I/we also agree to share all related child care documents with either/both of us.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Please send all payments to: YMCA of Silicon Valley, Member Support
80 Saratoga Avenue, Santa Clara, CA 95051

Staff Signature Date