



**School Age Child Care Payment Agreement  
2023/2024**  
Hampshire Regional YMCA  
286 Prospect Street, Northampton MA 01060  
413-584-7086

Child's name \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

After School Monthly Payment \_\_\_\_\_

\_\_\_\_\_ **I will be using a SEVENHILLS Voucher**

\_\_\_\_\_ **I will be using financial assistance**

Be advised all payments are due the 1st of the month for the current month's program. Payments made after the 1st of the month will incur a \$10 late fee. If payment is not received before the 5<sup>th</sup> of the month your child will be suspended from the program until all payments are made.

**Please select your payment method below**

\_\_\_\_\_ **Bank Draft** – drafts will be processed on the 1<sup>st</sup> of the month, if the 1<sup>st</sup> falls on a holiday or weekend the draft will be processed the next business day. **Please attach a voided check when submitting this form.** Please initial below:

\_\_\_\_\_ Should any charge not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$25.00 service charge applied by the YMCA. This is in addition to the service fee my bank may charge.

\_\_\_\_\_ Guardians that default on two bank drafts will be ineligible for Bank Draft immediately and will need to pay one month in advance for care.

\_\_\_\_\_ The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my child's care. I understand that I will receive notice at least 30 days prior to any such change.

\_\_\_\_\_ **Credit/Debit Card** – drafts will be processed on the 1<sup>st</sup> of the month, if the 1<sup>st</sup> falls on a holiday or weekend the draft will be processed the next business day

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ CVV Code \_\_\_\_\_

Expiration \_\_\_\_\_

**Please let us know if there are any changes to your bank or credit information above**

Any changes to your child's schedule must be submitted, approved and processed by the 15<sup>th</sup> of the month preceding the month of service. A new payment agreement must be signed for the change. I acknowledge receipt of the above payment plan and understand and agree to the terms states herein. If selected, I authorize Hampshire Regional YMCA to charge my credit/debit card or draft from my bank account the fees stated above. The Authorization remains in effect until I cancel such authority. I understand that if my payment is not received by Hampshire Regional YMCA before the 1<sup>st</sup> of the month that my child will not be allowed to participate in the program until all fees are paid and current.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date