



Financial Agreement 2025-2026

Sonoma County Family YMCA, 1111 College Ave SR CA 95404

Child's Name: _____

Registering Parent/Guardian Name _____

Date Care Begins: _____

1. My child will attend the YMCA Program at _____ School on the following **contracted** schedule:

Days attending: ☐ -Mon ☐ -Tue ☐ -Wed ☐ -Thu ☐ -Fri OR ☐ I am choosing a Flex Plan (below) – my days will vary.

Before School Drop Off Time To Site _____ After School Arrival Time To Site _____

Time to Be Picked-Up From Site in afternoon _____

2. I have applied for financial assistance: ☐ -YES ☐ -NO

3. I am selecting the following financial options

☐ -Traditional School Schedule (3 Day Minimum)

☐ -Year Round School Schedule (3 Day Minimum) – Richard Crane School only

☐ -Flex 10 Plan: 10 hours per month ☐ -Flex 20 Plan: 20 hours per month ☐ -Flex 30 Plan: 30 hours per month

FOR STAFF USE ONLY

Monthly Rate _____

Sibling Discount < _____ >

Financial Assistance % _____

Total Fee _____

Processed by _____

4. My estimated monthly tuition amount for these days, hours and option will be: \$ _____ (Billing Department will complete if you are unsure of the amount.)

5. Fees are paid in advance for the month and due/payable by the 1st of each month. Fees paid after the 1st are subject to a **late charge of \$25**. The YMCA **reserves the right to discontinue service** until balance is paid in full. Payment is due whether or not an emailed invoice is received. It is my responsibility to ensure the YMCA has a current email address on file.

6. Monthly tuition is paid through ACH. Declined ACH drafts are subject to a \$25 returned fee and must be cleared at the Main YMCA, 1111 College Ave Santa Rosa by cash or credit/debit card. I understand that payments cannot be made at my child's site. A returned bank draft cannot be re-run.

7. For Flex Plan options, hours will be deducted from the monthly contracted amount (either 10, 20 or 30 hours) in minimum increments of 1 hour per visit. AM and PM care used on the same day are each considered a separate visit. Hours may be used throughout the month as needed. Any unused flex plan hours will not be carried over to the next month or credited to my account.

8. For all plans **any hours of care provided over those specified by the contracted amount will be charged at a rate of \$17 per hr with a minimum charge of one hour per visit**. Extra hour charges will be posted to my account the following month. I understand that if I go over my contracted number of hours on a regular basis, I will be counseled to switch to a different plan.

9. If my child is picked up after closing time (6:00 PM), a **charge of \$15 per child in increments of 15 minutes until child is picked up** will post to my account the following month.

10. **No credits are given** for illness, vacations or suspension of services by the YMCA for any reason other than outlined in the Parent Handbook.

11. A **Registration Fee** of \$65 (\$45 for each additional child) is required each school year to enroll or re-enroll in the program. This fee is non-refundable.

12. **ALL CHANGES AND CANCELLATIONS must be submitted via the Change Request Form, verified email or a signed letter at least 14 days in advance**. I am held responsible for the fees stated on the contract and/or revised through an approved written change/cancellation request. **Changes/cancellations will not go in effect until received and approved by the billing department**. Any changes/cancellations are also subject to Site Director and/or Office approval. There could be **additional fees** due at the time of the change/cancellation for care already used.

13. The monthly fees are based on actual days of YMCA care available during the school year. Fees are prorated and spread evenly over the school year. Therefore, the **fee is the same every month of the regular school year** regardless of any school breaks, holidays or if I choose to keep my child out of the program for any reason on a day care is available. There will be an adjustment made of 25% or 50% for the **month of August and/or June**, if the current regular year for my child's school starts or ends during those months. *Care on non school days and breaks will be offered at some locations (available to all) and can be registered for a separate fee. This fee will be added to your next month's invoice.*

14. If I default on this agreement, **I will pay the reasonable** cost incurred by the YMCA to collect what I owe, including attorney fees, court costs, collection agency fees and fees paid for other reasonable collection efforts.

15. If my childcare is paid for by an outside agency, any **underpayments/non-payments by the agency** will be my responsibility. I am also responsible for signing all paperwork in a timely manner, or I will be liable for full tuition and childcare services will be suspended.

16. **Summer Camp** requires an additional registration, regardless of my chosen option during the school year.

I have read this contract and the corresponding Parent Handbook (available on the Y website) and I agree to abide by the policies and stated financial obligation.

Parent Signature _____

Date _____

YMCA Staff Signature _____

Date _____