

Y-Tots Rochester YMCA Preschool Extended Care Program 2019/2020

| Child's Name: | Birth Date: |
|---------------|-----------------|
| | |

Parent/Guardian : _____

Phone #:_____

- Registration for the next month is required two (2) weeks prior to the 1st of the month you are registering for. After that date you may sign uo on a daily basis at the unscheduled rate.
- Changes or cancellations to months you have already registered for must be submitted in writing two (2) weeks prior to the 1st of the month being changed or cancelled. After that date you are responsible for payment for all days you contracted for. If you need additional dates you may sign up for those on a daily basis at the unscheduled rate.
- Unscheduled PM rates apply if you sign up in the morning for the PM care. If you have not registered for scheduled care, or signed up for unscheduled care in the morning, and are late to pick up your child, late pick up fees apply (see handbook for details).

Month(s) registering for:

| September | October | November | December | Danuary | EFebruary | March | April | ∎May |
|-----------|----------|----------|----------|---------|-----------|-------|-------|------|
| AM | 8:30am-9 | :30am | | | | | | |

| | | CHECK WHICH DAY(S) | | | | | |
|-------------|-------------|--------------------|---------|-----------|----------|--------|--|
| Select Days | Monthly Fee | Monday | Tuesday | Wednesday | Thursday | Friday | |
| 2 days/week | \$50.00 | | | | | | |
| 3 days/week | \$72.00 | | | | | | |
| 5 days/week | \$107.00 | | | | | | |
| Unscheduled | \$16.00 | | | | | | |

Month(s) registering for:

PM 2:30pmpm-3:30pm

| | • | | CHECK WHICH DAY(S) | | | | | |
|-------------|-------------|--------|--------------------|-----------|----------|--------|--|--|
| Select Days | Monthly Fee | Monday | Tuesday | Wednesday | Thursday | Friday | | |
| 2 days/week | \$50.00 | | | | | | | |
| 3 days/week | \$72.00 | | | | | | | |
| 5 days/week | \$107.00 | | | | | | | |
| Unscheduled | \$16.00 | | | | | | | |

Payment Information

| Name On Card: | | _ |
|--|----------------------|--------------------------------|
| Card Number: | Exp. Date: | * I understand that unused |
| scheduled days cannot be refunded or used for different of | days. I agree to pay | above amount according to card |
| issuer agreement. | | |