



Child Care Program -Financial Agreement



Parent's Name(s) _____

Address: _____ City: _____ Zip _____

Please fill out the following Childcare Needs Schedule based on your agreement with the Cook County YMCA Childcare Program. Please indicate "Full Day", "AM Care", "PM Care", or "Afterschool Care" for each child.

Start Date: _____

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

Weekly Family Rate Calculator:

	Rate	# of days	total
Full Day	\$42.00		
Half Day	\$25.00		
Hourly Rate	\$7.50		
Late Drop off Fee	\$5.00	X	X

Total payment for each week at the start date: _____



Payment Terms

Payment of child care fees is due prior to the start of the week of care. Child Care fees must be paid through scheduled payments on a credit card, debit card, flex spending card, or bank account. Payment through written check each month is not allowed.

Probation Status Policy

Child Care accounts will be put on probation status when the family account has any balance that is 60 days overdue. At 60 days overdue, the family will be required to have a financial review appointment with the Child Care Director to determine the options to reducing the account balance back to \$0. During probation status, the family is not eligible to increase the number of weekly registered days or add any drop-in days.

Probation Status will be removed from the family account when either the account balance returns to \$0 or an approved repayment plan has been established to repay the fees within a reasonable amount of time. This plan must be approved by the Child Care Director.

Probation status will be limited to 30 days. After 30 days of Probation, if neither of the above conditions for removal of probation status are met, the family will receive a two-week notice of discontinuation of all enrolled child care days. The family will no longer be eligible to have registered child care days at any program until the account balance returns to \$0 and all past fees have been paid.

Agreement

Initial all statements below.

_____ I understand that payment is due prior to the start of the week of care and agree to pay by the terms above.

_____ I understand and have reviewed the vacation day credit policy.

_____ I understand and have reviewed the probation status policy.

Household Income. Initial one below:

_____ I claim that my current household income can support the weekly payment required for the amount of registered childcare days for my family.

OR _____ My current income does not support the registered amount of childcare. I am applying for assistance and understand that I must make payments in full for childcare until my family is enrolled, eligible, and receiving Cook County Child Care Assistance.

_____ I agree to pay childcare costs on the following schedule and method (check one):

_____ Weekly on _____ (indicate a day of the week)

_____ Monthly on day _____ of each month

_____ Bimonthly on days _____ and _____ of each month

Check one method below. **Payment method must be one file before the start of care.**

_____ Credit or Debit card

_____ Flex Spending Debit Card

_____ Checking account

_____ Savings Account

Parent Name (Print): _____ Parent Signature: _____ Date _____

Director Name (Print): _____ Director Signature: _____ Date _____

Electronic Funds Transfer Authorization:

I authorize my bank to honor drafts drawn by the YMCA on my account for childcare payments. When the bank or credit card carrier honors the draft by charging my account, such drafts constitute my receipt for the payments. If at any time there is to be a change, deletion or cancellation in the current childcare enrollment, it is to be submitted in writing to the childcare director 2 weeks prior to the scheduled draft date.

Signature of Account Holder: _____ Date _____

