



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021-22 Preschool

Tuition Payment Authorization Form

Child's Name _____ Class _____ Rate _____

Parent/Guardian Name _____ Email _____

Terms of Billing 21-22 School Year

*There will be a \$20 fee for all returned transactions. All payments are non-refundable.

Tuesday & Thursday Classes, 10 months		Mon, Wed, & Fri Classes, 10 months		All Day Classes, 36 weeks	
<i>Fall Registration</i>	\$35	<i>Fall Registration</i>	\$35	<i>Fall Registration</i>	\$35
8/17 August	\$57	8/17 August	\$87	8/17 August	\$100weekly
9/1 September	\$57	9/1 September	\$87	9/1 September	\$100weekly
10/1 October	\$57	10/1 October	\$87	10/1 October	\$100weekly
11/1 November	\$57	11/1 November	\$87	11/1 November	\$100weekly
12/1 December	\$57	12/1 December	\$87	12/1 December	\$100weekly
<i>Spring Registration</i>	\$35	<i>Spring Registration</i>	\$35	<i>Spring Registration</i>	\$35
1/1 January	\$65	1/1 January	\$95	1/1 January	\$110weekly
2/1 February	\$65	2/1 February	\$95	2/1 February	\$110weekly
3/1 March	\$65	3/1 March	\$95	3/1 March	\$110weekly
4/1 April	\$65	4/1 April	\$95	4/1 April	\$110weekly
5/1 May	\$65	5/1 May	\$95	5/1 May	\$110weekly
Total	\$680	Total	\$980	Total	\$3780

___ Payments are due on Monday of EACH week for all day classes and due on the first of EACH month for half day classes.

___ Payments will be scheduled to automatically draft from your checking account, debit or credit card.

___ Only under approved circumstances will the Y accept cash or check. Approval must be made under the direction of the Administrative Manager (Debbie Rutherford). Contact the A.M. at 812-883-9622 or at Debbie@wcfymca.org. Please cc: Robin@wcfymca.org on all correspondence.

Checking/Savings Routing Number _____

Account Number _____ **OR**

Debit/Credit Card Type _____ Card Number _____ Exp Date _____

Card Holder Printed Name _____ Phone Number _____

Financial Assistance:

- ___ My payments will be made using On My Way PreK Funding
 ___ My Program fees will be funded using the Build, Learn Grow, and Scholarship
 ___ I have received confirmation of YMCA Financial Assistance of _____ %

Payment authorization is effective for the billing terms listed above. Cancellations or withdrawals from the program must be made by sending a 30-day written notice.

Account Holder Signature _____ Date _____