



# YMCA of Columbia-Willamette CHILD DEVELOPMENT CENTER PAYMENT POLICIES AND AGREEMENT

Please complete the following information:

## STATISTICAL INFORMATION

The following information is for statistical purposes only.

<p><b>Ethnicity</b></p> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic, specify <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Additional Category List _____	<p><b>Monthly Gross Income</b></p> <input type="checkbox"/> \$0-\$500 <input type="checkbox"/> \$501-\$1000 <input type="checkbox"/> \$1001-\$1597 <input type="checkbox"/> \$1598-\$2000 <input type="checkbox"/> \$2001-\$2500 <input type="checkbox"/> \$2501-\$4021 <input type="checkbox"/> \$4022+	<p><b>Household Status</b></p> <input type="checkbox"/> Single Parent <input type="checkbox"/> Dual parent # of People in Household _____
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**Please Indicate Billing Party:**    1st Parent    2nd Parent    DHS    CSD    JOBS    Other \_\_\_\_\_

**Please select desired payment option:**

**Electronic Funds Transfer / Bank Draft:**  
An authorization form must be submitted with a voided check or deposit slip.

**Electronic Credit Card Draft:**  
An authorization form must be completed and submitted along with this form.  
**Please select desired payment date:**  
 1st of month    20th of month    Split (1/2 on 1st, 1/2 on 20th)    Continue Current Draft

**Monthly Payment:** Payment made by check, money order or cash is accepted at the Association Services Office only. Credit/Debit card payments may be made online at [www.ychildcare.org](http://www.ychildcare.org) or on our secure credit card line at 503-382-4397.

**ADDITIONAL CHARGES:**

**A LATE CHARGE of \$35.00 will be assessed on the 7th of each month for unpaid balances.** A fee of \$25.00 will be assessed for returned items, along with a late charge if applicable. Failure to remit payment will result in a discontinuation of service, collection fees will apply to accounts placed with an outside collection agency.

**CHANGES:**

In order to assure processing, 14 days notice is required for changes. For changes regarding payment option, please contact the Association Services Office. For changes or inquiries of schedule and package information, please contact the Program Office.

**MONTHLY FEES / PAYMENTS:**

Full payment is due in the Association Services Office by the 1st business day of each month for which service is being provided. Failure to comply with terms will result in discontinuance of service. **Please mail payments to: Association Services, 9500 SW Barbur Blvd., Suite 200, Portland, OR 97219-5426.** Fees are established for the entire program which operates during the course of the year. The total cost is divided over the 12 month period.

**THIRD PARTY PAYMENTS:**

The YMCA welcomes third party payments, i.e., DHS, JOBS, CSD, etc., once written verification is received from the third party. Fees accrued prior to the effective date, as well as unpaid portions, including all charge backs from Third Party agencies; are the responsibility of the parent.

**CONFIRMATION:**

This form will serve as your confirmation which includes your monthly fee. Additional statements and/or bills will not be issued.

**This is to confirm that my child is registered at (location) \_\_\_\_\_, (package) \_\_\_\_\_, for the requested times indicated on Page 1 at a monthly rate of \$ \_\_\_\_\_. I understand payments are due on the first business day of each month for which services are being provided, failure to remit will result in the discontinuation of services. All late charges/collection fees incurred are my responsibility. I have read the policies, terms and conditions as stated above and agree to abide by all.**

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_