

Child Care 2022-2023 SECONDARY PARTY PAYMENT FORM YMCA CHILD CARE



Return to your YMCA Child Care Office. Submit via Email childcare@ymcapkc.org | Fax 253-983-0459
 In person at Pierce Office | 1614 S Mildred St, Tacoma, WA 98465 | Phone 253-534-7840
 Kitsap Office | 3330 Kitsap Way, Bremerton, WA 98312 | Phone 360-813-1813

Child's first name:		Child's last name:	
PARENT/GUARDIAN INFORMATION – SECONDARY PAYING PARENT			
PARENT/GUARDIAN FULL NAME		Parent's DOB:	
PHYSICAL ADDRESS (no PO Box)	CITY	ZIP CODE	
MAILING ADDRESS	CITY	ZIP CODE	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	
EMAIL	RELATIONSHIP TO CHILD		

PAYMENT METHOD AND BILLING |

FEES – Fees are due monthly on the 5th

SECONDARY PERSON RESPONSIBLE FOR PAYMENTS
 Please state the percentage each party is responsible for paying and submit parenting plan, if applicable.

Parent Name: _____ % Responsible: _____

Parent Name: _____ % Responsible: _____

PAYMENT OPTIONS: (Select One)

Auto Draft using Debit or Credit Card | Draft applies on the 5th of each month from September 5, 2022 – June 5, 2023.

Use card on file

Use new card: Visa MasterCard American Express Discover

Name on Card _____ Expiration Date _____

Card Number _____ Verification Code _____

I choose NOT to auto draft. I understand my payment is expected by the Wednesday prior to the start of each week or I am responsible for a late fee of \$25 and a suspension of care will apply if my payment is late.

STATEMENT OF UNDERSTANDING (Please read and initial each statement below)

I understand payment is expected by the 5th of each month and have chosen my payment method. I agree to abide by all policies in place, including that any changes must be in writing direct to YMCA Child Care. I understand failure to uphold my payment arrangements will result in cancelation of registration from the program.

I understand that I must provide a **two-week advance written request** for refunds due to vacation, cancellation, schedule change, or account information change. I understand that YMCA Child Care does not provide refunds if my child is suspended for any reason.

I understand that if the payment is not able to be collected at the weekly draft, a \$30 NSF/processing fee will automatically be added to the account.

I understand that if I am receiving assistance from a Third Party Provider, it is my responsibility to begin the process with a caseworker or call center. I understand I may not be able to register or have my child attend child care until authorization is received in writing from the state. I understand that Third Party Provider reviews must be made on time to continue child care and full payment is expected without authorization until matter is resolved.

Signature _____ Date _____