



# 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.

Ethnicity	Monthly Gross Income	Household Status
<input type="checkbox"/> White	<input type="checkbox"/> \$0-\$500	<input type="checkbox"/> Single Parent
<input type="checkbox"/> African American	<input type="checkbox"/> \$501-\$1000	<input type="checkbox"/> Dual parent
<input type="checkbox"/> Native American	<input type="checkbox"/> \$1001-\$1597	# of People in Household _____
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> \$1598-\$2000	
<input type="checkbox"/> Hispanic, specify	<input type="checkbox"/> \$2001-\$2500	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	<input type="checkbox"/> \$2501-\$4021	
<input type="checkbox"/> Additional Category	<input type="checkbox"/> \$4022+	
List _____		

**Please Indicate Billing Party:**    1st Parent    2nd Parent    DHS    CSD    DSHS (WA)    Other \_\_\_\_\_

**Please select desired payment date, if left unchecked 1st of month by default:**  
 1st of month    20th of month    Split (1/2 on 1st, 1/2 on 20th)

**Please select desired payment option, if left unchecked monthly payment by default:**

- Electronic Funds Transfer / Bank Draft:**  
An authorization form must be submitted with a voided check.
- Electronic Credit Card Draft:**  
An authorization form must be completed and submitted along with this form.
- 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 [online.ymca-portland.org](http://online.ymca-portland.org) or on our secure credit card line at 503-382-4397, option 3.

**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 your Child Development Center.

**MONTHLY FEES / PAYMENTS:**

Full payment is due in the Business Services Office by the date chosen above each month for which service is being provided based on the box marked above. 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) \_\_\_\_\_, (classroom) \_\_\_\_\_,  
 for the requested times indicated on Page 1 at a monthly rate of \$ \_\_\_\_\_. (Monthly Rate: 1st Child \$ \_\_\_\_\_ + 2nd Child \$ \_\_\_\_\_  
 = Total Monthly Rate \$ \_\_\_\_\_. Do not include discounts) I understand payments are due on the date chosen above 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 \_\_\_\_\_

YMCA Program Staff Approved \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	ASSOCIATION SERVICES PROCESSED	DATE
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