



Grant County Family YMCA

123 Sutter Way • Marion, Indiana 46952
Phone (765) 664-0544 • Fax (765)664-0548

We build
strong kids
strong families,
strong communities.

2011/12 YMCA CHILD CARE PROGRAM

Live Y'ers Childcare Program (Fee Information)

Hours

Before school regular hours:	Monday - Friday 6:30 AM—School start
After school regular hours:	Monday - Friday School end—6:00 PM
Extended hours:	Monday - Friday Weather delays-additional charge From regular scheduled school start to end of delay Early dismissal-additional charge From early dismissal time to scheduled end of school bell Cancellation-additional charge From time of school cancellation to end of program at the YMCA Emergency Childcare-additional charge When schools are closed because of inclement weather this program operates at the YMCA from 6:30 am to 6 pm

Fees (pre-payment required)

Pre-registration (non-refundable): \$30 per child plus;

Weekly:	Rate
Mornings only	\$25 weekly
Afternoons only	\$40 weekly
Both	\$50 weekly
Daily	\$10 per day – no discount on day rates

Extended hours:	
Morning weather delays	\$5 (From scheduled school start time to end of weather delay)
School early dismissals	\$5 (From early school dismissal time to scheduled end of school)

Cancellation & transfer to Y (for Marion Schools): \$10 for the remainder of the day until 6 pm

PENALTY CHARGES:

Late fee: A \$5 late fee will apply to accounts not paid for by the Friday of the week of service, and for each week after that. If accounts are not caught up by the second Friday after non-payment, your child/ren will be automatically suspended from the program, until the account is settled in full, including any late fees. If Friday is a School Vacation period, the account must be settled in full by the following Monday.

Returned checks/NSF: The YMCA is charged \$25 for each returned check and this charge will be added to your account, in addition to any late fees that incur as a result of payment not being recorded for the time period in question. See Late Fee section about the impact that may have on your child remaining in the program.

I have read this policy and understand the payment policies outlined above.

Parent's Name: _____
(Please print) (Signature)

Date: ____/____/____ School Child Care Site: _____