YMCA of Frederick County STARS Program Tuition Agreement September 2017 – June 2018

For office use only:			
ID#			
MONTHLY CC or CK			

Please complete this application in its entirety to ensure that tuition arrangements for you are established.

Child Start Date	9			
Child Name				
Parent Name				
Address				
City	State	Zip Code		
Cell Phone	Wor	k Phone		
E-mail Address _				
STA	RS Program Site:			
	I would like to make all t	uition payments:		
	Monthly Draft			
•	Will be on the 1 st of the month			
•	Account (<i>Choose one</i>):			
	☐ Checking Account (attach voided check)			
	☐ Flex Spending Account			
	☐ Credit Card			
 Our family would like to make a pledge to the Y Annual Campaign in the amount of \$ monthly. Please add this into our billed or drafted amount. (This contribution is 100% tax deductable.) 				
(Agreement to tuit	ion agreement & authorization of	draft payment option selected)		
Please complete for Credit Card/Flex Spending Draft:				
Credit Car	rd: 🗆 MC 🗆 Visa 🗆 Discover	☐ Am Ex ☐ Flex Spending Card		
Last 4 Digits of CC: Zip Code:				
Expiration	Date: (After August 2018)			
Card Own	er Signature:			

2017-2018 School Year STARS Billing Schedule

Monthly

Payment Due	Service Dates
Sept. 1st	Sept. 18 - Sept. 30*
Oct. 1 st	Oct. 1 – Oct. 31
Nov. 1 st	Nov. 1 – Nov. 30
Dec. 1 st	Dec. 1 – Dec. 31
Jan. 1 st	Jan. 1 – Jan. 31
Feb. 1 st	Feb. 1 – Feb. 28
Mar. 1 st	March. 1 – March 31
Apr. 1 st	April 1 - April 30
May 1 st	May 1 - May 31
	June 1 - June 15*

^{*}prorated to 50%

Note:

The tentative last day of school is June 15, 2018.

YMCA Staff Use Only (check all that apply):

- □ One copy of Parent Agreement signed on back and initialed where indicated.
- $\hfill\Box$ One copy of Parent Agreement given to parent.
- $\hfill\Box$ Tuition Agreement completed, voided check attached if bank draft.
- □ Yellow receipt for registration fee stapled to BACK (not front) of this form.