YWCA Kids Connection Contract
Term: 9/5/2024 – 6/27/2025

Child’s Name: ___________________________ Date of Birth: ____/____/_____ Gender □ F □ M □
Other Mother/Guardian Name: _______________ Home Phone: ____________________________
Address: _______________________________ Cell Phone: ________________________________
City/State/Zip: ___________________________ Email: ________________________________
Employer: _______________________________ Work Phone: ____________________________
Father/Guardian Name: ___________________ Home Phone: ____________________________
Address: _______________________________ Cell Phone: ________________________________
City/State/Zip: ___________________________ Email: ________________________________
Employer: _______________________________ Work Phone: ____________________________
Emergency Contact: ______________________ Cell Phone: ____________________________

The following information is for statistical purposes only: *Race/Ethnicity: (Please check one) ___ White ___ Hispanic ___ Black or African American ___ Asian ___ Other/Two or more races
*Annual Family Income: (Please check one) ___ Under $25K ___ $26-60K ___ $61-100K ___ Over $100K

Please sign one copy of this contract to signify your understanding of the term for registration and payment. Return it, together with your tuition deposit, which includes the child’s annual membership fee of $115. Please note that the deposit and membership fee are non-refundable.

Terms of Registration
1. Every child must have a current membership that is valid through August 31, 2025.
2. All enrollment forms and documentation must be completed prior to start of the term (9/7/2024).
3. No refund, credit, or discount is allowed for absence due to illness, COVID, holidays, or vacations taken by families, inclement weather closings, or any other circumstances.
4. A 30-day written notice is required prior to withdrawal. Failure to provide at least a 30-day notice will result in billing for that period.
5. All checks and money orders should be made payable to the YWCA White Plains & Central Westchester. Please note your child’s name and program on the check to facilitate proper recording.
6. The YWCA does not send bills. It is the responsibility of the parent/guardian signing this contract to ensure that all tuition payments are made on time.
7. The YWCA reserves the right to terminate service if tuition is in arrears regardless of any private arrangements made between parents/guardians to pay for these fees.
8. A credit, debit card, or EFT is required to set up payment plans.
9. Please note there will be a 3.25% credit/debit card surcharge on all credit card transactions. There is no surcharge for EFT or other forms of payment.
10. On occasion, a child’s best interest may not be met in our environment; the YWCA may find it necessary to make a referral for placement elsewhere and/or request removal of the child from our program. Tuition fees may be refunded on a prorated basis.

Refund Policy: All notices or withdrawal from the YWCA Kids Connection Program must be received in writing 30 days before the child’s last day in the program. I have read and agree to the Terms of Registration and Refund Policy.

Parent/Guardian Name: ___________________________ Signature: ___________________________ Date: ____________
HOMEWORK HELP

Child’s First Name: ___________________________ Child’s Last Name: ___________________________

This is an agreement between the Parent/Guardian and Child Regarding homework:

I have spoken with my child, and he/she understands that I expect for him/her to begin their homework while at the YWCA afterschool program.

We as Parents/Guardians understand that the YWCA Staff will;

• Ask the children if they have homework
• Ask to see their daily planner
• Provide 30 – 45 minutes maximum of dedicated time for homework Monday – Thursday

We are aware the YWCA staff can NOT:

• Provide one on one assistance, tutoring or supervision.
• Check backpacks or homework folders if children say they do not have homework.
• Force a child to do his/her homework.
• Correct homework as is the responsibility of the parent/guardian to do so.

Please remember that is the parent/guardian’s responsibility to make sure that his/her child’s homework is complete. If there are any special circumstances which the YWCA staff needs to be aware of in regard to your child learning process, speak to the Director.

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Parent Signature: ___________________________ Childs’ Signature: ___________________________

Date:______________________________ Child’s grade:______________________________
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Child’s First Name: ____________________________ Child’s Last Name: ____________________________ Grade:__________

Tuition Fees (Choose one):  □ 3 days: $209 □ 5 days: $264

Days:  □ M  □ T  □ W  □ TH  □ F

Fees Summary (Note: Annual Membership fee $115 is required as well. This is separate from tuition fees)

<table>
<thead>
<tr>
<th>Breakfast Club</th>
<th>Monthly Tuition Fee</th>
<th>Credit card 3.25% surcharge</th>
<th>Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Days</td>
<td>$209</td>
<td>$216</td>
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Tuition Fees (Choose one):  □ 3 days: $333 □ 4 days: $407 □ 5 days: $462

Days:  □ M  □ T  □ W  □ TH  □ F

Fees Summary (Note: Annual Membership fee $115 is required as well. This is separate from tuition fees)

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<th>After School</th>
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Release/Hold Harmless Policy

I (Guardian’s Name) _____________________________________, represent and certify that I am at least 18 years of age, and am the legal Guardian of (Child’s Name) _____________________________________. I understand that by signing this document, I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers (the “Released Parties”) from any injury, loss, liability, damage, cost or claims of any kind, including contraction of any infectious disease, including COVID-19 and claims resulting from the negligence of any Released Party that may arise out of, or relate to me or my child(ren)’s participation in the YWCA Children’s Learning Center, to the fullest extent allowed by law. Furthermore, I understand that the person signing this contract will be held accountable for payments, balance dues or any outstanding balance on the participants’ account pertaining to the Kids Connection Program.

By signing this release, I certify that I have read and agree to this release, and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Program Director in writing.

Parent/Guardian's Signature: ____________________________ Date: ____________________________
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Child’s Name: ___________________________ Date of Birth: __/____/____
Mother/Guardian Name: ___________________________ Home Phone: _______________________
Address: ___________________________________________ Cell Phone: _______________________
City/State/Zip: ___________________________ Email: _______________________
Father/Guardian Name: ___________________________ Home Phone: _______________________
Address: ___________________________________________ Cell Phone: _______________________
City/State/Zip: ___________________________________________ Email: _______________________

Breakfast Club Tuition Fees (Choose one): □ 3 days: $209 □ 5 days: $264
(Note: Annual Membership fee $115 is required as well. This is separate from tuition fees)

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Annual Membership Fee $115.00
Deposit $___________
Total Due at Registration $___________

□ I agree to pay $___________ registration fee to hold my spot.

□ I have applied for/plan to apply for a third-party subsidy. (Please name subsidy provider here ________________)

Payment Plans:
□ Please automatically charge my monthly payments to my EFT, VISA/MasterCard/Discovery/AMEX the 1st of the month
□ I acknowledge the above class registration for my child. I have read the Terms of Registration and Information on payment and fees.

_________________________  ___________________________  _____________
Print Name  Signature  Date

PLEASE RETURN COMPLETED CONTRACT TO: KCenrollment@ywcaawpcw.org

CREDIT CARD/EFT PAYMENT INFORMATION

Cardholder’s Name Please Print ___________________________ Signature ___________________________
Master Card/VISA/AMEX/Discover #_________________________  _____ Expiration date: _____ / ____ Security Code _______
EFT Routing # ___________________________ Account # ___________________________

(For Office Use Only)
Deposit Amount: ___________ Date: ___________ 10-month payment amount: ___________

10 Monthly Payments: □ SEP □ OCT □ NOV □ DEC □ JAN □ FEB □ MAR □ APR □ MAY □ JUNE