



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

(Effective 8/1/2025)

Date

Daxko Unit ID

CUMBERLAND CAPE ATLANTIC YMCA

2025-2026 Before & After School Care

Automatic Payment Plan Authorization Form (Optional Payment Method)

PARENT & PARTICIPANT INFORMATION:

PARENT'S NAME: _____

Billing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ () Home () Mobile Email: _____

PAYMENT DETAILS: All Before and After Care Payments are due by the 20th of the month PRIOR to the month of services. For example, for Before and After Care participation in the month of October, enrollment and payment must be made by September 20th for monthly or September 5th and 20th for bi-monthly. We offer monthly and bi-monthly automatic payment options for easy enrollment.

LIST EACH PARTICIPATING CHILD & CHOOSE YOUR PAYMENT OPTION BELOW:

CHILD # 1

NAME: _____

SCHOOL NAME: _____

___ Before Care (AM) Only ___ After Care (PM) Only

___ BOTH Before & After Care

Circle Days Needed: M T W Th F

___ BI-MONTHLY (5th & 20th) BI MONTHLY RATE: \$ _____

___ MONTHLY (20th ONLY) MONTHLY RATE \$ _____

CHILD # 2

NAME: _____

SCHOOL NAME: _____

___ Before Care (AM) Only ___ After Care (PM) Only

___ BOTH Before & After Care

Circle Days Needed: M T W Th F

___ BI-MONTHLY (5th & 20th) BI MONTHLY RATE: \$ _____

___ MONTHLY (20th ONLY) MONTHLY RATE \$ _____

AUTOMATIC PAYMENT PLAN: The Cumberland Cape Atlantic YMCA (CCA YMCA) offers an automatic payment plan. Fees are scheduled and automatically processed based on the schedule selected. All Credit Card payments are subject to a 3% service fee which is in addition to any fee your financial institution may require. The CCA YMCA, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.

PAYMENT METHOD

Account Holder: _____ Is this the primary contact for all billing concerns/questions? ☐ YES ☐ NO

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ () Home () Mobile Email: _____

Option 1: Credit/Debit Card: Credit card payments are subject to a 3% service fee (Does NOT apply to DEBIT Cards). In the event the payment is not able to process, there is a \$20 return fee that must be paid in addition to program fees to secure enrollment.

Card Type: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa Expiration Date: _____ Security Code: _____

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Option 2: Bank Draft/EFT: In the event the payment is not able to process, there is a \$30 return fee that must be paid in addition to program fees to secure enrollment. ___ Checking Account ___ Savings Account

Name of Bank: _____ Routing Number: _____ Account Number: _____

Authorization: I understand that I am enrolling in an automatic payment plan as described above and this plan will not terminate until the end of the school year unless I submit a withdrawal form. I agree to all terms, conditions, and fees associated with this program and service. I hereby authorize the CCA YMCA to debit the above account on the dates indicated for my 2025-2026 Before & After School Care program participation.

Signature of Parent/Guardian X _____

Date _____