



Child Care Multiple Party Billing Agreement Terms

- In cases where multiple party parent/guardians are making payments to a specific child's care, the Y is NOT responsible for determining which party has the financial responsibility for specific day's attendance.
- If you choose to elect multiple party payments for a specific child's care, each party must complete and sign one form with specific sections completed by each responsible party.
- Multiple party billing MAY be used for the following programs:
 - Early Childhood Learning Center Care
 - Preschool Care
 - School Age Care
 - School Release Day Care
 - Summer Power Preschool/Power Kindergarten/Power/Uproar
- Multiple party billing MAY NOT be applied to the following programs:
 - Day Camp
 - Summer Sports
 - Summer Sports Camp
 - Overnight/Wilderness Camp
- A completed automatic billing (EFT) authorization must also be completed for each paying party.
- Billing options include:
 - Total Weekly percentage split. (ECLC, Preschool, SAC, Summer Power/Uproar)
 - Total Monthly percentage split. (ECLC, Preschool only)
- Failure by either party to satisfy payment obligations may jeopardize child's participation in the program.
- Only payment method offered in multiple party payment accounts is automatic payment (EFT) through a credit/debit card.
- Both parties have full disclosure on account activity.
- Each party is responsible for reviewing the parent handbook for policy specificity.
- Agreement applies to all childcare activities as registered, added and/or changed by the program required deadline, during the program period.
- Percentage total of both parties must equal 100%.
- Forms must be completed each year.

NOTE: Multiple Party Billing will be applied to the next billing cycle after all information is received.

Example:

*Child attends School Age Care **7 sessions** of AM/PM at a rate of **\$10.75 per session.***

*Total weekly fee = **\$75.25.***

*Parent percentage split is **45% / 55%.***

*One parent will pay **\$33.86** per week and the other parent will pay **\$41.39** per week.*



Y Child Care Multiple Party Billing Agreement

Child Information

First Name: _____ Last Name: _____

Birthdate: _____ Gender: M / F Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Resides With: Parent/Guardian #1 Parent/Guardian #2

Parent / Guardian #1

First Name: _____ Last Name: _____

Birthdate: _____ Gender: M / F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ I will pay _____ % of Total Care (whole numbers only)

Signature:* _____ (*I accept multiple party billing agreement terms)

Parent / Guardian #2

First Name: _____ Last Name: _____

Birthdate: _____ Gender: M / F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ I will pay _____ % of Total Care (whole numbers only)

Signature:* _____ (*I accept multiple party billing agreement terms)

NOTE: Multiple Party Billing will be applied to the next billing cycle after all information is received.

YMCA Multiple Party Billing Agreement EFT (Auto Payment) Authorization Form

Multiple Party Billing will be applied to the next billing cycle after all information is received.

Section 1: Family Information

Program: _____

Location: _____

Adult #1 Full Legal Name: _____

Adult #2 Full Legal Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Section 2: EFT Payment Authorization

(EFT transactions are posted to your account the week prior to service)

Card Holder- Full Name

Card Number

Expiration Date

Card Holder- Full Billing Address

Card Holder- Primary Phone number

Card Holder Signature

Date

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