



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA of Metropolitan Denver
Mapleton Public Schools
On-Site at Monterey (Meadow and Clayton served)
On- site at Explore (York and Achieve served)
On-site at Adventure Western Hills (Welby, Global, V.V. served)
School Age Childcare Rate Agreement
2017-2018 School Year**

Child's Name _____ Grade _____

Parent's Name _____

Home Phone _____ Work Phone _____

School that my child attends _____ Site attending _____

Email- _____

Monthly Rates please check one	Plan A*	Plan B**
Full-Time (4-5 days a week):		
Before Only	_____ \$100.00	_____ \$140.00
After Only	_____ \$110.00	_____ \$170.00
Before and After	_____ \$190.00	_____ \$220.00
August is prorated – Before-\$50.00, After-\$70.00, After-\$85.00		

Part-Time (3 days a week):		
Before Only	_____ \$90.00	_____ \$105.00
After Only	_____ \$95.00	_____ \$110.00
Before and After	_____ \$140.00	_____ \$170.00
August is prorated Before-\$45.00, After-\$50.00, B&A-\$60.00		

Part-Time (2 days a week):		
Before Only	_____ \$70.00	_____ \$85.00
After Only	_____ \$75.00	_____ \$90.00
Before and After	_____ \$120.00	_____ \$140.00
August is prorated Before-\$40.00, After-\$45.00, B&A-\$55.00		

Please see the enclosed "Child Care Options" page for definitions of the above mentioned plans.

Drop in for Before or After is \$15 per day drop in for Full day out is \$45

If Plan A is chosen by the family and a parent would like to change to Plan B, it may only be done if space is available. If a family does change from Plan A to Plan B during any given month a rate adjustment will occur. Plans may not be changed after October 1st.

Registration fee is \$25.00 per child for the School Age Child Care program.

***I understand that payments are due in full by the 1st of the month
Should payment be received after the 5th, a late fee of \$15.00 will apply. If full
payment is not received by the 15th of the month another \$15 late fee will apply, I
understand that my child will be considered un-registered for child care at the
YMCA for the month that payment is due.***

Parent Signature _____ Date _____