



YMCA After School Care

Credit/Debit Card Authorization Form

Child/Children's Name (s):

Grade:

Start Date at Program Site:

School Attending: _____

Membership Level (please circle)

Member

Non-member

Weekly Rates:

1-2 days: \$38 Members

\$50 Non-Members

3-5 days: \$67 Members

\$90 Non-Members

Parent Initial: _____ I understand that my card will be drafted every Friday for the upcoming week of service. I also understand that I must notify the YMCA program office by 5:00 p.m. on the Wednesday prior to the weekly draft if any changes need to be made in my child's attendance for the upcoming week of service.

I hereby authorize the YMCA to charge my credit/debit card WEEKLY for fees in the amount of \$ _____ for each session my child/children will be attending.

Please Check: ☐ Discover ☐ Mastercard ☐ Visa ☐ American Express

Card Number: _____

Expiration Date: ____ / ____

Cardholders Name Print: _____

Signature: _____ Date: _____ Daytime Phone: _____

Cards will be drafted on the Friday morning prior to the week of service.



The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

In proclaiming our foundation in Christian principles, the YMCA of Metropolitan Chattanooga follows the examples of Jesus Christ by loving people for who they are where they are, and by demonstrating respect, caring honesty, and responsibility toward individuals and families without regard to religious beliefs, gender, age, physical abilities or financial status.