

**Stateline Family YMCA
Child's Daycare Hours**

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

I have reserved the above hours for my child, _____,
to attend the Stateline Family YMCA Growing Tree Daycare program.

I understand that I will need to pay for these hours even if my child does not attend if I am on the full time program. If using a 2 or 3 day program, I get that many days off per semester. My weekly payments will be made the week prior to care and if I become behind on my bill, my child may not be able to attend until the bill is paid in full.

(Parent/Guardian)

(Date)