



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

New Castle YMCA Child Development Center Fee Agreement

Please sign next to the days and option you are choosing

Toddlers 12 Months – 24 Months		
Schedule	Rate	*Signature*
3 Days	\$109	
4 Days	\$143	
5 Days	\$177	
Additional Day	\$35	

Preschool 3 years – 5 years		
Schedule	Rate	*Signature*
3 Days	\$96	
4 Days	\$125	
5 Days	\$154	
Additional Day	\$30	

All CCIS co-pays are to be paid WEEKLY. Failure to pay the weekly co-pay will result in reporting to CCIS and possible loss of funding.

NEW CASTLE COMMUNITY YMCA www.ncymca.org

Our Mission: To put Christian principles into practice through programs that build a healthy body, mind and spirit for all.

DOWNTOWN YMCA
20 West Washington Street
New Castle, PA 16101
724.658.4766

Y-ZONE
428 Eleanor Drive
New Castle, PA 16105
724.658.9211

DEK HOCKEY RINK
780 Phelps Way
New Castle, PA 16101
724.658.4766





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Before/After School Care – Kindergarten – 12 Years		
Schedule	Rate	*Signature*
AM or PM only 3 Days	\$27.50	
AM or PM only 4 Days	\$36.00	
AM or PM only 5 Days	\$44.50	
AM & PM 3 Days	\$53.00	
AM & PM 4 Days	\$70.00	
AM & PM 5 Days	\$87.00	
Full Day	\$32.00	
Half Day (Early Dismissal)	\$17.00	
2 Hr. Delay	\$10.00	

Parent Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

As of _____, the New Castle YMCA agrees to provide child care services to the following named child: _____

If receiving CCIS funding, the weekly co-pay is _____.

This amount should be paid on the Monday of each week of care for my child(ren). All CCIS co-pays are to be paid WEEKLY. Failure to pay weekly co-pay will result in reporting to CCIS and possible loss of funding.

Child's name: _____ Date of Birth: _____

Approved by: _____ Date: _____

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