



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**YMCA of Metropolitan Denver  
AXL Academy  
Out of School Time Rate Agreement  
2021-2022 School Year**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Monthly Rates** (check one) **Plan A\*** **Plan B\*\***

**Full-Time (4-5 days a week):**

Before Only	_____ \$140.00	_____ \$175.00
After Only	_____ \$175.00	_____ \$210.00
Before and After	_____ \$220.00	_____ \$255.00

**Part-Time (3 days a week):**

Before Only	_____ \$125.00	_____ \$160.00
After Only	_____ \$135.00	_____ \$170.00
Before and After	_____ \$185.00	_____ \$220.00

\*August is pro-rated half the monthly rate

**Daily Rate is available for Before or After School and Non School Days.**

**Fees for Drop-in Care**

**Before \$15**

**After \$15**

**Non School Day \$40**

**Registration fee is \$50.00 per child**

**Plan A:** Provides care on school days and full days out due to teacher in-service days if space is available.

**Plan B:** Provides care on school days and full days out as well as care during several holidays and school breaks. These days vary by location, but typically include Fall Break, Winter Break and Spring Break.

**Plans may not be changed after October 1<sup>st</sup>.**

*I understand that the months full payment is due on the first(1st) of each month. A late fee will ensure for payments received after the 5th of the month. Any account not paid in full by the 15th of the month will result in the participant being unregistered from the program for the remainder of the month and any future time registered.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_