



**KIRTLAND YOUTH
ASSOCIATION, INC.**
P.O. Box 192
Kirtland, New Mexico 87417
(505) 598-9156

Program Registration Fee Payment Program

I, _____, agree to pay the Kirtland Youth Association,
 Name of Parent or Guardian
 Inc, the registration fee for my child/children for the ____ After-School Program,
 ____ Summer Program, on the following schedule:

Child #1	Amount	Date Due
_____	_____	_____
Name of Child		
Child #2		
_____	_____	_____
Name of Child		
Child #3		
_____	_____	_____
Name of Child		
Child #4		
_____	_____	_____
Name of Child		

I understand that if I fail to meet my financial obligation on the date/dates due as outlined on the above schedule, I will forfeit the privilege for my child/children to attend the Kirtland Youth Association Program. **I further understand that I will not receive any refund on any of my registration fees.**

 Signature of Parent or Guardian

 Date