



RVCDS – SCHOOL AGE CONNECTIONS FEE AND ATTENDANCE AGREEMENT 2021-2022

Child's/Children's Name: _____

Child's School: _____ School's number: _____

PRIVATE PAY TUITION *Please choose 1 of the following 2 enrollment options:*

1. **MONTHLY PACKAGE:** I understand that monthly fees are due whether or not my child is physically present in the program all of the days I have signed up for. This payment reserves a space in the program for my child.

_____ \$240/month – 5 days per week (full time)
_____ \$208/month – 4 days per week
_____ \$160/month – 3 days per week
_____ \$112/month – 2 days per week

2. **DROP-IN OPTION:** I understand that if I choose to enroll on a drop-in basis, I will only pay for the days my child attends. I understand that my child's spot is not guaranteed on any given day, and admission may be refused on a "first come, first served" basis to comply with state licensing ratio regulations.

_____ \$15/day

LINK CHILD CARE SUBSIDY *If you receive Link, please fill out this section only (Link will not be available until the Aftercare is licensed).*

Please indicate daily co-payment here: \$ _____/day

- I understand that I must submit a copy of my current Link certificate to the Director before my child can attend.
- I understand that I am responsible for my co-payment, and any days/hours not covered by my LINK Certificate.
- I understand that not paying my co-payments on time could result in closure of my Link certificate.

ADDITIONAL UNDERSTANDINGS FOR ALL FAMILIES:

- I understand that there is a \$15.00 enrollment fee, as well as a \$10.00 supply fee due upon enrollment.
- I understand that if my child attends the program on any days that I have not contracted for, I will owe the drop-in rate fee for that day.
- I understand that payments are prepaid and are due by the 1st of the current month. Payments will be considered late on the 15th of any given month.
- I understand that if my fees become delinquent, a late fee of \$10 per week, per child, will be charged to me.
- I understand that if my fees are not paid, I will forfeit my child's space in the center, and a closure notice will be sent indicating my child's last day.
- I understand that if my fees are not paid in full by the end of the school year, I cannot enroll my child in another SAC program.
- I understand that with the exception of an emergency, a late pick up fee will be charged to me when my child is picked up after closing time in the amounts that follow:
 - \$5.00 for the first five minutes after closing,
 - \$2.50 for every minute thereafter.

By signing this form, you agree that you have read and understood the Fee and Attendance Agreement.

Private Pay: I understand that I owe \$_____ per month / day

Link Subsidy: I understand that I owe \$_____ per day

Signature of Parent or Guardian 1

Signature of Parent or Guardian 2

Social Security Number 1
(**REQUIRED)

Social Security Number 2
(**REQUIRED)

Date

Date

Signature of Site Supervisor or SAC Director

Date