



All Day Release 2020 Fee and Attendance Agreement

Child/Children's Name(s): _____

1. DAILY/WEEKLY PACKAGE: I understand that Daily/Weekly 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.

____ Full Time (5 Days)- \$100.00

____ Part Time (Chosen Days)- \$25.00 PER Day

Please select which days your child will be in attendance.

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

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.

____ \$30/day

LINK CHILD CARE SUBSIDY: If you receive Link, please fill out this section only.

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 \$30.00 drop-in rate 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