



## Fee and Attendance Agreement School Age Connections Explorer Academy After-school

Child's/Children's Name: \_\_\_\_\_

**PRIVATE PAY TUITION:** *Please choose 1 of the following 3 enrollment options:*

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- 1. MONTHLY PACKAGES:** 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.

\_\_\_ \$175/month – 5 days per week (full time)

\_\_\_ \$141/month – 4 days per week

\_\_\_ \$117/month – 3 days per week

\_\_\_ \$80/month – 2 days per week

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- 2. EARLY RELEASE ONLY OPTION:** I understand that choosing this option means that my child has a reserved space for early release days only and that daily fees will be charged for all scheduled early release days, whether or not my child is physically present.

\_\_\_ \$10/day

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- 3. 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.

\_\_\_ \$12/day

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### IF YOU RECEIVE LINK CHILD CARE SUBSIDY, PLEASE FILL OUT THIS SECTION ONLY

*Please indicate daily co-payment here:*

\$ \_\_\_\_/day

*Please indicate days your child will be attending:*

\_\_\_ Mondays \_\_\_ Tuesdays \_\_\_ Wednesdays \_\_\_ Thursdays \_\_\_ Fridays

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 UNDERSTANDING:

- 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 \$12.00 drop-in rate for that day.
- I understand that payments are prepaid and are due by the 1<sup>st</sup> of the current month. Payments will be considered late on the 15<sup>th</sup> 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 I do not make arrangements prior to the closure date, my child will be disenrolled effective the said closure date.
- I understand that if my fees are not paid in full by the end of the school year, I cannot enroll or re-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.

I understand that I owe \$\_\_\_\_\_ per month / day (Private Pay)

I understand that I owe \$\_\_\_\_\_ per day (LINK Subsidy)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Social Security Number  
(\*\*REQUIRED)

\_\_\_\_\_  
Social Security Number  
(\*\*REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Supervisor or SAC Director

\_\_\_\_\_  
Date