

Kid Connection - Fee Contract

KID CONNECTION SITE _____ **Enrollment Date** _____

Please Print

Child's Name: _____

Parent's Name: _____

Email _____ Work Phone _____ Cell _____ Home _____

Parent's Name: _____

Email _____ Work Phone _____ Cell _____ Home _____

PLEASE INDICATE RATE PLAN REQUESTED

School Year Registration Fee: \$30 per child

Full Time:

- | | | | |
|--------------------------|----------------------------|------|----------|
| <input type="checkbox"/> | Before School Care | \$30 | per week |
| <input type="checkbox"/> | After School Care | \$50 | per week |
| <input type="checkbox"/> | Before & After School Care | \$75 | per week |

Fees are charged weekly, regardless of attendance and will be prorated for Holidays and inclement weather.

Pre-Paid:

- | | | | |
|--------------------------|---|------|---------|
| <input type="checkbox"/> | Pre Paid - Before School Care – Calendar Attached | \$8 | per day |
| <input type="checkbox"/> | Pre Paid - After School Care – Calendar Attached | \$15 | per day |
| <input type="checkbox"/> | Pre Paid - Before & After – Calendar Attached | \$20 | per day |

Payments must be submitted prior to scheduled need. 7 Day advanced notice is required to change your prepaid schedule, to avoid charges for those scheduled days.

Workdays/non-school days:

All Child(ren) must be registered and fees paid in advance of service. 24 hour cancellation notice is needed to avoid charges for the day.

- | | | | |
|--------------------------|---|-------|----------|
| <input type="checkbox"/> | Only Prepaid –Workdays/inclement weather days/holiday camp/spring break | \$30 | per day |
| <input type="checkbox"/> | Workdays/inclement weather days/holiday camp | \$24 | per day |
| <input type="checkbox"/> | Spring Break (5 day week) | \$118 | per week |

I understand that I will be charged and that I am responsible for payments regardless of attendance.

Parent / Guardian Signature: _____ Date _____

Program Coordinator Signature: _____ Date _____

Office use only: Information verified by _____ Date _____

- Agency Private School District Staff CSCC Employee