



2017 DAYCARE ENROLLMENT CONTRACT

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Employer Name/Phone: _____

Email Address: _____

Parent DOB: _____

I receive DSS Assistance	Yes	No
If you are receiving DSS assistance you must provide the DSS Approval Letter and complete our DSS Billing Assistance Form .		
I am requesting a financial assistance Scholarship	Yes	No
If you are requesting assistance you must complete the Scholarship Application .		

Billing and Registration Procedures

- Registration is not complete until all applicable forms, i.e. Medical Statement and Immunization Record, NYS OCFS Daycare Registration Form, CACFP Form, Enrollment Contract, Registration Form and Developmental History are completed and returned with the first payment.
- We are unable to bill an individual third party for the cost of your child's care. If there is party who is responsible for the cost of your child's care through a court order it will be your obligation to seek payment from that individual.
- Payment for care is due two weeks prior to the month of service. A late fee of \$2.00 per minute is charged after 5:30.
- There is a 15% sibling discount which is applied to the oldest child.
- If you receive assistance from DSS you are responsible for the balance of any unpaid child care costs, regardless of your parent fee. The parent fee is only an estimation of what your share of the child care costs are. The parent fee is due the month before the month of service. If DSS does not pay as much as you feel they should it is your responsibility to contact your caseworker. You will be responsible to pay for any uncovered childcare expenses within seven (7) days of the statement.
- If you receive a Gateway Scholarship, maintaining a current payment status is required for continuing financial aid. Scholarship funds are limited and are not guaranteed from one year to the next. If you are granted a scholarship you will not be given a sibling discount on top of the scholarship.
- If you receive a Military Subsidy, credit for the subsidy will be applied once the subsidy is received.
- We are a full time facility. Therefore, no part time rates are available.
- Program fees are not prorated for months where there is a holiday or break or for a child's absence from the program.
- Your child's services may be suspended for any account which is past due 14 days.
- Please keep all information current with the program, including, but not limited to, address, telephone, and employment information.
- Fees are subject to change.
- Checks and EFT drafts which are not honored are subject to a \$20.00 charge.
- If you would like to discontinue your care with our program you must complete a Withdrawal Form providing at least two weeks advance notification. We will prorate up to ½ of a month of care costs with this advance notification.

Attendance cost per month for the first child.			Attendance cost per month for each additional child.		
	Monthly Cost	Bi-Weekly		Monthly Cost	Bi-Weekly
Infant (6 weeks – 18 months)	\$828.00	\$414.00	Infant (6 weeks – 18 months)	\$704.00	\$352.00
Toddler (18 months – 3 years)	\$804.00	\$402.00	Toddler (18 months – 3 years)	\$684.00	\$342.00
Pre-School (3 – 5 years)	\$770.00	\$385.00	Pre-School (3 – 5 years)	\$655.00	\$327.50

Child's Name	Cost of Care
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
	\$ Total Monthly Fee

Method of Payment

_____ I choose to have credit card/debit card ending with _____ processed the 1st or 15th for the monthly cost of care.

_____ I choose to have credit card/debit card ending with _____ processed on the 1st and 15th for the bi-weekly cost of care.

Memorandum of Understanding: I have read and understand this enrollment contract in its entirety. I have received and understand the contents in the parent handbook. I understand that I am the party ultimately responsible for the cost of care despite third party assistance or subsidies. My services may be suspended if my account is in arrears.

Parent/Guardian Signature: _____

Date: _____