



2018-2019 School SACC 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 .		
I am requesting a financial assistance Scholarship	Yes	No
If you are requesting assistance you must complete the Scholarship Application .		

SACC Billing and Registration Procedures

- There is a \$25 registration fee for the first child and \$20 for each additional child. If you register prior to July 27, 2018 we will waive the registration fee if you pay for the first month's care at the time of registration. Registration after July 27, 2018 will require the first month's care cost and registration fee. This registration fee is non-refundable. **Registration must be completed by August 10th, 2018 to begin the first week of school.** Registration after August 10th will require a waiting period; the waiting period is determined by the time it requires to get all documentation forwarded to the SACC site.
- Registration is not complete until all applicable forms, i.e. Registration, Fee Contract, CACFP, Text Alert, Medical Consent, Special Needs, Allergy, Asthma, Court Orders, and payment are turned into the SACC office.
- 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 SACC is due no later than the 25th of the month before the month of service. A late fee of \$5.00 for the first five minutes you are late to pick up your child and an additional \$2.00 for each minute thereafter.
- There is a \$20 dollar fee for all checks and EFTs which are returned.
- If you receive assistance from DSS you are responsible for the balance of any unpaid child care costs, regardless of your parent fee. There is a \$25.00 registration fee for the first child and \$20 for each additional child. The parent fee is only an estimation of what your share of the child care costs are. The parent fee is due no later than the 25th of each month. 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. _____
- The sibling discount is applied to the child who attends the least.
- If you receive a Gateway Scholarship, maintaining a current payment status is required for continuing financial aid. There is not a sibling discount if you receive a scholarship or an EFT discount. If you receive a scholarship participation in the EFT for monthly care costs is required.
- There is no additional charge for a SNOW DAY program if your child was scheduled to attend their regular SACC site AM/PM that day. If your child was not scheduled to attend SACC or they attend only AM or only PM there will be an additional charge. There is an additional charge for School Breaks, such as spring or winter breaks. Monthly program fees are based upon the number of service days in a school year and then divided equally over 10 payments.
- Changes to your contract may be made by calling the SACC office at (315) 755-2005. Changes to your contract must be made prior to the 15th of the month prior to service.

2018-19 YMCA SACC Monthly Cost Schedule

Program	Cost for the First Child	Cost for Each Additional Sibling
Full Week AM	\$150	\$119
Full Week PM	\$170	\$136
Full Week AM and PM	\$216	\$173
AM 1 Day Per Week	\$56	\$46
AM 3 Days Per Week	\$105	\$84
PM 1 Day Per Week	\$62	\$50
PM 3 Days Per Week	\$119	\$96
AM and PM 1 Day Per Week	\$77	\$61
AM and PM 3 Days Per Week	\$152	\$121
Day Outside of Contract	\$31	\$26
Early Dismissal/Snow Day for AM Contracts	\$21	\$16
Early Dismissal/Snow Day for PM Contracts	\$16	\$11
Vacation Day Program – 1 Day	\$64	\$52
Vacation Day Program – 3 Day	\$114	\$92
Vacation Day Program – 5 Day	\$171	\$136

Child(ren)s Names	Child(ren)s SACC Sites	Contracted Days	Cost of Care
1.			\$
2.			\$
3.			\$
4.			\$
Total Monthly Fee			\$

Method of Payment

_____ I choose Statement Billing. You may pay with a check, money order, or credit card at the SACC Office, at any of the three YMCA branches or by calling the SACC office.

_____ I choose Auto Pay. Your debit/credit card ending with _____ will be processed the 1st or 15th month prior to the service month.

Memorandum of Understanding: I have read and understand this enrollment contract in its entirety. I understand that space is reserved for my child and I am responsible for payment for the contracted days and additional service days. 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 for any account which is in arrears.

Parent/Guardian Signature: _____

Date: _____