



Kids' Adventure Club
Financial Agreement
Before & After School Program

OFFICE USE ONLY
[] Registration Fee Paid
[] Please Bill

Please complete, sign and return this financial agreement for your child's/children's enrollment in the Kids' Adventure Club School-Age Child Care Before & After School Program.

Child/Children Names(s):

Attend Kids' Adventure Club at School:

Parent(s) Name: S.S. #

Address:

Phone Numbers: Work: Home:

Indicate the date you want your child to start: 1st Day of School [] Other

Schedule A.M. Session (3-day minimum): Mon Tue Wed Thu Fri

Schedule P.M. Session (3-day minimum): Mon Tue Wed Thu Fri

Schedule A.M. Hourly (3-day minimum): Mon Tue Wed Thu Fri

Schedule P.M. Hourly (3-day minimum): Mon Tue Wed Thu Fri

Hourly* - I understand that although I have enrolled hourly, if I continually go over the one hour attendance KAC maintains the right to change my child's enrollment to session and I will be required to pay the session rate. (P.I.)

Schedule Varied - [] AM Session [] PM Session / [] AM Hourly [] PM Hourly

Child will be enrolled as Hourly AM or PM and/or Session AM or PM and will attend at least 3 days a week; however, his/her schedule changes each week due to parent work schedules. Parent will provide a schedule no later than Wednesday prior to the week child is to attend.*

Varied* - I agree to provide KAC with my child's schedule by or no later than the Wednesday prior to the following weeks attendance. I understand staffing is arranged for the week based on the number of children scheduled and if I do not provide KAC with my child's schedule as requested, KAC will schedule my child for the 5 days and I will be required to pay for all 5 days. (P.I.)

Instructions:

- 1. If your family income is up to column 1 on the Sliding Fee Schedule (Family Size/Gross Annual Income), you may be eligible for financial assistance. Call the Steuben County Child Care Project at 776-2126. If you are eligible, you may choose to participate in the Subsidized Child Care Program or pay Kids' Adventure Club tuition. (Parent must provide a copy of the Care Certificate.)
2. Scholarships are available for families not eligible for Steuben County Child Care Project financial assistance or who are experiencing financial hardship. Request a scholarship form from the Program Director.
3. Families with income beyond the Income Levels on the sliding fee scale are not required to submit pay stubs.
4. You will be billed on a weekly basis for the number of days your child (children) is (are) scheduled to attend. Tuition is based upon enrollment, not attendance.
5. Tuition payment is due by date provided on the bill. Make checks payable to: Pathways, Inc. Mail to Kids' Adventure Club Offices, 33 Denison Parkway West, Corning, NY 14830-8903.
6. A late charge fee of 5% will be billed for late payment of tuition. This fee is based on the balance that is 30 days past due. The finance charge is applied each month on this balance. Habitual late payment or late pickup may result in termination from the program.
7. Withdrawal: Parents/guardians agree to notify Kids' Adventure Club in writing with at least 2 weeks notice of intent to withdraw their child(ren). If less than 2 weeks notice is given they will be responsible to pay the difference.

8. A late pickup fee will be charged for picking up your children after the program closes **at 6:00 p.m.** These are included on your bill under "late fees" which will be billed as follows:

1-10 minutes late	\$10.00/child
11-20 minutes late	\$20.00/child
21-30 minutes late	\$30.00/child
30 minutes or more	\$40.00/child

9. Non-sufficient fund checks are held until cash or a money order is received by the Program Office to cover the amount of the check. Parents will pay a \$15 charge for a NSF check to cover the bank's charge to the program.

Parents will be notified by letter or telephone call immediately upon receipt of the NSF notice by the Billing Office. Upon receipt of the notification from the Billing Office, parents shall have one week in which to pay the charge and tuition in full by cash or a money order.

10. Families who fail to remain current with tuition fees and payment schedules will be subject to termination. **You will be responsible to pay collection costs and fees.**

11. After the first child, there is a 10% discount for siblings; **except when enrolled hourly.**

12. Tuition rate is based on my family size and annual household gross income.

My family size is _____

Annual household gross income includes:

Total annual salary: \$ _____

Other yearly verifiable income: _____

(Income source: _____)

Total annual household gross income is: \$ _____

13 I have read the instructions for Kids' Adventure Club tuition payment. I have calculated my tuition payment for my child/children as:

First Child: _____ per day or 5 days per week

Second Child: _____ per day or 5 days per week

Third/all others: _____ per day or 5 days per week

Please Check Sentence That Applies:

_____ I have attached four **current** pay stubs, as required, for proof of income and used in calculating my tuition payment. Parents who have a salaried income may submit one current pay stub. If one or both parents are self employed, you must submit the front page of your Federal Tax Return.

_____ I do not wish to submit pay stubs and disclose my income. **I will pay the highest tuition rate.**

_____ I will receive reimbursement through subsidized financial assistance. (Complete financial appendix A)

- I will notify the program of any change in my family size and/or annual income.
- Financial agreement and income must be resubmitted and verified on an annual basis.
- I am paid on a "weekly", "bi-weekly" or "2x-month" or monthly basis. **(Circle one that applies)**
- I will pay tuition on a weekly or bi-weekly schedule for my child (ren)'s weekly attendance **(Circle one that applies).**

I will receive a copy of this agreement after it has been received by Pathways, Inc. Business office.

Parent Signature

Date

Finance Office Signature

Date

ALL FINANCIAL INFORMATION IS CONFIDENTIAL