

CHILD'S NAME: \_\_\_\_\_

2024 SUMMER PROGRAM SCHEDULE REQUEST						
WEEK OF:	WILL NOT ATTEND	WILL ATTEND <b>*HALF DAY 5 Hours (\$35 per day)</b>	WILL ATTEND <b>FULL DAY (\$45 per day)</b>		I am requesting a DAILY schedule. <b>*Pending Program Approval</b>	OFFICE Comments:
			Arrival Time <i>7:30am or after</i>	Departure Time <i>5:30pm or earlier</i>		
July 1 <sup>st</sup> -3 <sup>rd</sup> <b>CLOSED July 4<sup>th</sup> and 5<sup>th</sup></b>		7:30am-12:30pm 12:30pm-5:30pm			M T W	
July 8 <sup>th</sup> -12 <sup>th</sup>		7:30am-12:30pm 12:30pm-5:30pm			M T W Th F	
July 15 <sup>th</sup> -19 <sup>th</sup>		7:30am-12:30pm 12:30pm-5:30pm			M T W Th F	
July 22 <sup>nd</sup> -26 <sup>th</sup>		7:30am-12:30pm 12:30pm-5:30pm			M T W Th F	
July 29 <sup>th</sup> -August 2 <sup>nd</sup>		7:30am-12:30pm 12:30pm-5:30pm			M T W Th F	
August 5 <sup>th</sup> -9 <sup>th</sup>		7:30am-12:30pm 12:30pm-5:30pm			M T W Th F	
August 12 <sup>th</sup> -16 <sup>th</sup>		7:30am-12:30pm 12:30pm-5:30pm			M T W Th F	
<b>The last day of Summer Program is FRIDAY, AUGUST 16<sup>th</sup>. KAC will resume operations on the first day of school.</b>						

\*Families requesting **Monday through Friday full days** will be placed first. Once placed, half day and part time schedules will be reviewed for approval.

Payer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The last date to make schedule changes is Friday, June 7<sup>th</sup>. After the deadline, the payer is financially responsible for requested/approved schedule.**

Schedule Approved by Program: YES NO

Payer Notified: YES NO

Comments:

Program Signature: \_\_\_\_\_



(1) Copy for Main Office, (1) Copy to Site, (1) Copy to Finance Office

Pathways, Inc.

**PATHWAYS, INC.**  
**KIDS' ADVENTURE CLUB**  
**SUMMER PROGRAM**

2024 SUMMER REGISTRATION FEES	1 CHILD	ADDITIONAL CHILDREN
<b>NON-REFUNDABLE</b>		
CURRENTLY ENROLLED FAMILIES	\$20	\$10
NEW FAMILIES	\$40	\$15

2024 SUMMER TUTION RATES	WEEKLY	DAILY (REQUIRES APPROVAL)
FULL DAY	\$225	\$45
HALF DAY	\$175	\$35

- TUITION IS DUE **WEEKLY**.
- TUTION STATEMENTS WILL BE EMAILED EACH MONDAY.
- PAYMENTS MAY BE MADE WITH **CHECK OR MONEY ORDER** AT THE PROGRAM SITE.
- PLEASE CONTACT OUR BILLING OFFICE (MANDIE) AT [MClose@pathwaysforyou.org](mailto:MClose@pathwaysforyou.org) TO MAKE ARRANGEMENTS FOR ONLINE TUITION PAYMENTS. THIS MUST BE UPDATED PRIOR TO SUMMER PROGRAM.
- ACCOUNTS MUST REMAIN CURRENT TO MAINTAIN YOUR PROGRAM SLOT. ACCOUNTS WILL BE CONSIDERED CURRENT IF YOU OWE NO MORE THAN THE CURRENT WEEK AND ONE WEEK PAST DUE. IF AN ACCOUNT DOES NOT REMAIN CURRENT, A TERMINATION NOTICE WILL BE ISSUED.
- IF YOU ARE HAVING DIFFICULTY PAYING YOUR TUITION, PLEASE CONTACT US FOR ASSISTANCE.
- TUITION ASSISTANCE IS AVAILABLE TO QUALIFYING FAMILIES. PLEASE SEE THE ATTACHED FLYER FOR INFORMATION.



**Bath**  
117 E. Steuben St, Bath, NY 14810  
T: (607) 776-2126 F: (607) 776-4873

## Child Care Council

*Steuben & Schuyler's most trusted child care resource.*

### Our Mission

Pro Action Child Care Council empowers the development of high-quality environments for children, ensuring families have access to affordable and secure child care.

### **FAMILY ELIGIBILITY**

#### QUALIFICATIONS

To qualify for assistance, families must be:

- A resident of Steuben County and working
- Document the need for child care
- Age guideline for children eligible for assistance is 6 weeks through 12 years old
- And meet the following income guidelines

#### INCOME GUIDELINES (300%)

##### Current Annual Gross Household Income Guidelines (June 1, 2023)

Family Size	Annual Gross Income Limit
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680

NOTE: For each additional family member add \$15,420.

**[www.proactioninc.org](http://www.proactioninc.org)**

*Pro Action works to build a community of resilient individuals and families who can meet their basic needs, overcome adversity, and prosper.*

