

**PATHWAYS, INC. ERWIN CHILD & FAMILY CENTER
FINANCIAL AGREEMENT**

Please complete, sign and return this financial agreement for your child(ren)'s enrollment in the Erwin Child & Family Center.

Child(ren)'s Name(s) _____ DOB _____

Parent(s) Name(s) _____ S.S. Number _____

Mailing Address _____

Email Address _____

Phone Numbers: Work _____ Home _____ Cell _____

Child(ren) Attend _____ per week from _____ AM to _____ PM
List Days

Child(ren)'s First Day Attending Erwin Child & Family Center is _____

Confirmed Start Date is _____ Assistant Director _____

Instructions:

1. If your family income is below Column 1 on the schedule (Family Size/Income), you may be eligible for financial assistance. Call your county's Child Care Resource and Referral Agency. If you are eligible or currently receive subsidy, you must complete Appendix A and provide a copy of the Care Certificate to Pathways, Inc. in a timely manner.
2. Enrollment is for: Full-Time = more than 20 hours per week.
Part-Time = under 20 hours per week (See Parent Handbook)
2. To take advantage of the sliding fee scale, submit 1 month household income verification on an annual basis. If you do not submit or your income is beyond the Income Levels on the schedule you will be billed at the highest rate. Please indicate your submission on the reverse of this form.
3. **Tuition is based on enrollment, not attendance.** Tuition statements are sent at the beginning of each week reflecting charges for the previous week; payment is due by Friday of each week with the exception of ACH Tuition Express payments which will be process no later than Tuesday immediately following the billing.
4. Make checks payable to: Pathways, Inc. ECFC
Mail to Attn: Julie Harris, Erwin Child and Family Center, 111 Canada Rd, Painted Post, NY 14870 or you may drop off your payment at the front desk in the Center.
5. A late charge fee of 5% will be billed for late payment of tuition. This fee is based on a balance that is 30 days past due. The finance charge is applied each month on this balance. Habitual late payment or late pick up may result in termination from the program.
6. A late pickup fee will be charged for picking up your children after the Center closes at 6:00 p.m. These are included on your bill under "late fees". **Late pick-up fees are assessed using the time you leave the building 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 late	\$40.00/child

7. **Withdrawal:** Parents/guardians agree to notify ECFC 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. Non-sufficient fund checks are held until cash or money order is received by the business office to cover the amount of the check. Parents will pay a \$15.00 charge for any returned check to cover the bank's charge to the program. Parents will be notified by telephone or letter immediately upon receipt of the non-sufficient fund notice by the business office. Upon receipt of this notification from the business office, parents shall have one week to pay the charge and tuition in full, by cash or money order.
9. After two weeks of non-payment an account is considered overdue. Families who fail to remain current with tuition and fees will be subject to termination. Parents/guardians will be responsible to pay collection costs and fees for unpaid balances.

I have read the instructions for Erwin Child & Family Center tuition payment. I have calculated my tuition payment for my child(ren) as:

Tuition rate is based on my family size and annual gross income. My family size is _____
 Annual gross income includes:
 _____ total annual wages including overtime pay
 + _____ other yearly verifiable income (SSI, unemployment, disability, child support, etc.) _____
 - _____ Child support paid out- please supply proof, ex: court order, tax forms
 Total annual gross income is: _____ Income Level: _____

Name	DOB	Full-Time	Part-Time
<input type="checkbox"/> Infant _____	_____	\$ _____	\$ _____
<input type="checkbox"/> Older-Infant _____	_____	\$ _____	\$ _____
<input type="checkbox"/> Toddler _____	_____	\$ _____	\$ _____
<input type="checkbox"/> Pre-School _____	_____	\$ _____	\$ _____
<input type="checkbox"/> School Age _____	_____	Before \$ _____ After \$ _____	Both \$ _____ Full Day \$ _____

Please check sentence that applies:

_____ I have attached 1 month income verification, 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 my pay stubs and disclose my income. I will pay the highest tuition rate.

- I will notify the program of any changes in my family size and/or annual income that affect payment level. Tuition will be re-calculated per the date received and will not be retroactive.
- 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 **weekly**.

A copy of this agreement is available upon request at the Pathways, Inc. Business Office.

Parent Signature _____
Date

Business Office Signature _____
Date