



Child(ren)'s Full Name(s): _____

Acknowledgements

- To take advantage of the sliding fee scale, I must submit 1 month household income verification on an annual basis. If I do not submit 1 month income verification I will be billed at the highest rate.
- Once I submit verification my tuition will be recalculated per date received and will not be retroactive.
- I may choose not to submit income verification and agree to pay the highest rate.
- Tuition is based on enrollment not attendance. I am responsible for tuition for all absences including suspension from the program.
- **Late Pick-up:** A late fee will be charged per child starting at 6pm when the program is closed. Fees are included on my tuition statement under "Late Fees".
- **Late Fees**
 - 1-10 Minutes \$10 per child
 - 11-20 Minutes \$20 per child
 - 21-30 Minutes \$30 per child
 - 30 minutes or more \$40 per child
 - *If a child is left in program after hours and arrangements are not made for immediate pick-up, local authorities will be contacted.*
- Habitual late pick up may result in termination from the program.
- After 2 weeks of non-payment my account is considered overdue. Habitual late payment may result in limited enrollment options and/or termination from the program.
- I am responsible to pay all collection costs and fees for unpaid balances.
- **Returned Checks:** All returned checks will incur a \$15 fee. I will be notified immediately by the Finance Office by email or phone. All returned checks are held until arrangements are made to cover the amount of the check. Fee and cash or money order payment are due within 1 week of notification.
- Deadline to change my summer schedule or withdraw from the summer program is **June 14, 2019**. After the deadline I am financially responsible for all tuition fees for the schedule I have submitted.
- The deadline to change my schedule or withdraw from the school year program without 2 weeks' notice and financial obligation is **July 26, 2019**.

Initial: _____

Tuition Assistance

- If your family income is below column 1 on the Sliding Fee Schedule (Family Size/Gross Annual Income), you may be eligible for financial assistance. Call Child Care Aware of Steuben & Schuyler at 776-2126.
- If I currently receive subsidy, I must complete Subsidy Appendix A annually. I must provide a copy of the Care Certificate to Pathways, Inc. in a timely manner.
- Tuition Assistance may be available for families not eligible for Steuben County Child Care Project financial assistance and who are experiencing financial hardship. Applications can be obtained from the Kids' Adventure Club Office.

Initial: _____

I agree to notify the program of any change in my family size and/or annual income. I understand the financial agreement and income verification must be updated annually.

Payer Signature

Date

Print Name

Date

ALL FINANCIAL INFORMATION IS CONFIDENTIAL

Child(ren)'s Full Name(s): _____

Primary Payer: _____ Social Security #: _____

Payer Mailing Address: _____ Zip code: _____

Payer Email Address: _____

Registration Fee:

School Year: \$35 (1 child) \$45 (2 children) \$55 (3 children) \$65 (4 children)

Summer Only: \$35 (1 child) \$45 (2 children) \$55 (3 children) \$65 (4 children)

Summer and School Year: \$50 (1 child) \$70 (2 children) \$90 (3 children) \$110 (4 children)

My family/household size is: _____

Total Annual Salary Payer 1: _____

Total Annual Salary Payer 2: _____

Other Verifiable Income (Annual): _____

Total Annual Household Income: _____

Please choose one option and initial.

I am submitting income verification. Initial: _____

I am not submitting income verification. I will be charged at the highest level. Initial: _____

I understand that tuition is based on my child's enrollment schedule and not my child's attendance. I understand that after the specified notice deadlines I am financially responsible for all tuition fees for the schedule I have submitted, this includes any suspensions from the program.

Payer Signature: _____ Date: _____

Print Name: _____ Social Security #: _____

Finance Office Signature: _____ Date: _____

OFFICE USE ONLY

Verification of Income provided Yes No

Registration Fee Paid Cash Check # _____ Money Order # _____

Registration Fee Please Bill \$ _____

Account Status: Good Standing Past Due Amt. \$ _____

Summer Income Level: _____

School Year: Income Level: _____

Summer Full Day Weekly Rate: \$ _____

AM Daily Rate: \$ _____ PM Daily Rate: \$ _____

Summer Half Day Weekly Rate \$ _____

Full Day Daily/Early Dismissal Rate: \$ _____