



Abiding Presence School Age Before and After Care Program
 [New York State OCFS Licensed]
Payment Agreement for the 2018-2019 School Year

Minimum: 3 hours per week

Select your hours per week ✓	Hours Per Week	Monthly Rate	Monthly Rate - Each Additional Sibling
	3 hours/week	\$95	\$85
	4 hours/week	\$130	\$117
	5 hours/week	\$160	\$144
	6 hours/week	\$180	\$162
	7 hours/week	\$205	\$184
	8 hours/week	\$230	\$207
	9 hours/week	\$255	\$229
	10 hours/week	\$280	\$252
	11 hours/week	\$300	\$270
	12 hours/week	\$320	\$288
	13 hours/week	\$340	\$306
	14 hours/week	\$360	\$324
	15 hours/week	\$380	\$342
	16 hours/week	\$400	\$360
	17 hours/week	\$415	\$373
	18 hours/week	\$430	\$387
	19 hours/week	\$445	\$400
	20 hours/week	\$460	\$414

Terms of Agreement

- Your Monthly Rate & schedule must be selected on the 15th of the month prior to the month you begin. Once selected, your rate & schedule renew automatically each month for the 2018-2019 school year.
- Monthly fee is due on or prior to the first of the month.
- Weekly hours must be used within the week and do not carry over into the remaining weeks of the month.
- Any overage of time in any given week will be paid at \$10/hour.
- Each additional sibling receives a 10% discount.
- Monthly fee not paid by the 6th of the month will be subject to a \$25 late fee.
- Payment not received by the 14th of the month may result in cancellation of child's attendance in the program until payment is received.
- If a monthly rate & schedule change is desired, the request must be made in writing no later than the 15th of the month prior to the month the change will take effect. Frequent changes may incur a fee at the school's discretion.
- Please Note the following policy regarding pick up after 6pm:
For every 15 minutes late or portion thereof, and each quarter hour or portion thereafter, there will be a \$15.00 late fee.

Registration Fee: \$100
 [No additional fee required for sibling/s]
 Fee must accompany original application.

[Please print]

Child's Name: _____

I have selected _____ hours/week. School: _____

2nd Child's Name: _____

I have selected _____ hours/week. School: _____

3rd Child's Name: _____

I have selected _____ hours/week. School: _____

My monthly payment is _____

I agree to pay this amount by the first of every month. I understand and agree to the terms of this agreement as stated above.

Parent Signature: _____ Date: ___/___/___

This form must be submitted by the 15th of the month prior to your child's first month of attendance in the program.