

**COMMUNITY CHILD CARE CENTER
TUITION INFORMATION / AGREEMENT
COLFAX**

Effective date: July 1, 2019

Child's Name: _____ **Siblings:** _____

Person responsible for paying tuition / copayment: _____

Address: _____

Source of payment: **Personal funds** _____ **DSHS Subsidy** _____ **Financial Aid/Loans** _____

Tuition is to be paid in advance and is due by the 10th of the month. Any account not paid in full by the 1st of the following month may be assessed a late fee of 1.5% on the balance. You will be charged a monthly rate (see below) based on the schedule that you need. Any changes to the schedule must be given to us with as much advance notice as possible. New tuition rates take affect July 1st. Parents will be notified in writing of any changes in fees at least four weeks in advance. **You can receive a 3% discount if you sign up to make your payments electronically with your bank account. We also accept checks, credit and debit card payments.**

Tuition Policy: There will be no tuition credit given for occasional days missed, holidays that CCCC is closed or personal vacation days. During extended leaves, CCCC will provide a 50% tuition discount to children who are absent for 3 or more consecutive weeks. If a child is absent for one month or more, no tuition will be charged.

Community Child Care Center accepts DSHS subsidized childcare. Arrangements must be made by the parent/guardian through DSHS. Children accepted on subsidized childcare must have written verification on file with CCCC prior to enrollment. Parents/guardians are responsible for any hours of service beyond DSHS authorizations and all co-payments as well as any late fees or fines.

Parents need to call when their child will be absent from the center.

Our operating hours are **7:30 a.m. to 5:30 p.m.** We need parents to respect these hours.

Late Charges: We will charge \$15.00 per child for any pickup time between 5:30pm-5:45pm. Each minute after 5:45pm will be charged \$1.00 a minute per child.

School Year 2019/2020 tuition:

Days per week:	5	4	3	2	1
Tuition per month:					
Full time	\$816	\$652	\$488	\$323	\$164
Part time (5 hrs / day)	\$476	\$380	\$284	\$193	\$105
After School	\$307	\$254	\$192	\$133	\$70
Before School (7:30 - 8:05)	\$50	\$40	\$30	\$23	\$12
If less than 5 days per week, please indicate which days your child will attend:					
	M	T	W	TH	FR

Drop-in rates will be \$7.00 per hour.

Please call to check on availability before dropping off your child!

Please circle above and/or indicate here what schedule you will need for this school year: _____

I have read the above agreement and accept the conditions stated herein. I have received the parent handbook, which includes important policies and procedures including the Internal Disaster Plan and Pesticide Policy.

Signature _____

Date _____

Parent/Legal Guardian