



ST. PETER SCHOOL CHILD CARE PROGRAM

Financial Agreement

Family Name _____

Parents are responsible for payment of fees incurred when submitting the Weekly Planner for the following week. The Weekly Planner must be submitted by **Thursday (or the last day of school in a given week)** of the week before the Planner is in effect, or a \$7.00 fee will be assessed.

If the payment is not taken care of 2 weeks after your child has attended, he/she will not be able to return until paid. You will be given 5 working days within which to become current. If no payment has been made within 5 working days, the family will no longer be able to use the Child Care Program until full payment is made.

Parents are responsible for informing the Child Care Staff before the normal/scheduled arrival time that the child will not be attending Child Care on a scheduled day due to illness. No fee will be incurred if absence due to illness is reported before the normal/scheduled arrival time. Otherwise, regularly scheduled fees will be incurred for that day.

FEES

Registration Fee: A non refundable \$30.00 per family fee is due at the time of registration to reserve placement in the Child Care Program.

Late Pick-Up Fee: Beginning at closing time, late pick-up fees will be charged at the rate of \$7.00 for every 15 minutes late.

Late Planner Fee: A \$7.00 late planner fee is assessed if the planner for the upcoming week is not submitted by 5:30 PM on Thursday or the last day of school in any given week if we are closed.

Weekly/Daily Rates:	Full-time/full days	\$150.00 per week (5 days/wk, 5-10 hrs/day)
	Full-time/half days	\$120.00 per week (5 days/wk, < 5hrs./day)
	Part-time/full days	\$ 33.00 per day (< 5 days/wk, 5-10 hrs/day)
	Part-time/half days	\$ 28.00 per day (< 5 days/wk, < 5 hrs/day)
	Before/After school	\$ 5.00 per hour

AGREEMENT

I/We have read the Handbook and the Policy for our financial responsibility to St. Peter Child Care Program. We agree to abide by the policies and pay fees as indicated.

Parent/Guardian _____ Date _____