

# 2017-2018 FCCC SCHOOL YEAR CHANGE OF CARE PAYMENT AGREEMENT

CHILD \_\_\_\_\_ SITE \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

**● FULL-TIME MONTHLY CARE:** Circle Household Size and Yearly Income, Choose Type of Care - Monthly Fee.

Household Size	Full Fee Income	Step 1	Step 2
	_____ Before School Only - \$181 _____ After School Only - \$236 _____ Combined - \$368	_____ Before School Only - \$132 _____ After School Only - \$171 _____ Combined - \$268	_____ Before School Only - \$95 _____ After School Only - \$123 _____ Combined - \$193
2	above \$29,638	\$20,827 - \$29,637	below \$20,826
3	above \$37,297	\$26,209 - \$37,296	below \$26,208
4	above \$44,956	\$31,591 - \$44,955	below \$31,590
5+	above \$52,615	\$36,973 - \$52,614	below \$36,972

- Qualifying for a sliding scale tuition rate (**Step 1 or Step 2**) requires proof of your annual **household** income. Your annual income includes all wages, child support, social security, etc. **You will be charged full fee tuition until required documentation is received.** Two most recent pay stubs and Income Verification Form are required for proof of income.
- When a family enrolls more than one child a 10% discount is applied to the fee that is of equal or lesser value.

**● PART-TIME MONTHLY CARE (3 DAYS A WEEK):** Choose Type of Care and three days to attend.

_____	Before School - \$116/month	M	T	W	R	F
_____	After School - \$151/month	M	T	W	R	F
_____	Combined - \$238/month	M	T	W	R	F

- Full-Time Monthly Care packages cannot be combined with Part-Time Monthly Care packages.
- Punch Cards can be used to supplement occasional care.

**● PUNCH CARD (OCCASIONAL CARE):** Choose Type of Care.

\_\_\_\_\_ Before School      \_\_\_\_\_ After School      \_\_\_\_\_ Combined

- I understand that a Punch Card has 10 hours of care for \$140 and any portion of an hour used will constitute the use of an entire hour, per child. I understand Punch Cards are non-refundable and can only be transferred between siblings. I also understand that I must provide FCCC 24-hour's notice prior to using the Punch Card, send a note to my child's teacher allowing their release to FCCC and that all other FCCC policies apply. *I understand the Punch Cards cannot be used for the following types of care: Delayed Openings, Half-Days, Holiday Care, Inclement Weather Care or Teacher Work Days.*
- Punch Cards expire 12 months from the issue date. Accounts are charged for a new Punch Card when the current one expires.

I authorize FCCC to discuss account information with both parents listed on the enrollment form. I understand that in order to rescind this authorization I must provide the FCCC main office with a written statement.

**Withdrawal from the program must be received a minimum of two weeks prior to the last date of the child's attendance. Fees are due for the entire enrollment period. Tuition is a monthly charge and is not prorated for withdrawal.**

Residing County    Culpeper    Fauquier    Madison    Orange    Prince William    Rappahannock    Other \_\_\_\_\_

By signing below I grant my child permission to participate in the FCCC School Year Program and all activities. I agree to hold FCCC, its agents, employees and volunteers harmless from all action, damages, claims or demands and all liability that might arise as a result of my child's participation in the FCCC School Year Program. In addition, I give FCCC permission to take steps to provide medical attention should the participant be injured.

*I have read and understand all terms stated above.*

\_\_\_\_\_  
Parent/Guardian PRINTED Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FCCC USE ONLY:**

Accepted by: \_\_\_\_\_ Date Received \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

Date Child Entered Care \_\_\_\_\_ Date Child Left Care \_\_\_\_\_

**MAIN OFFICE USE ONLY:**

Processed by: \_\_\_\_\_ Date \_\_\_\_\_  CHECKED FOR OUTSTANDING BALANCE \$ \_\_\_\_\_