MONOMOY AFTER SCHOOL 2024 - BILLING FORM

Program Begins Sept 5th (Sept 7th for Kindergarten) and runs through the last full day of school

**Please note: Program will be CLOSED – FRIDAY, SEPTEMBER 6th**

This program is intended for families who require childcare in order to work and household employment may be verified. **This program is a first come, first served, sign-up and there are limited slots available.**

**Daily Rate for 2024-25 will be $17 per day/child $25/ day/child for Wednesdays**

Please list each child you are enrolling and place an x in the box of each session you wish to have your child attend.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD’S NAME & AGE | MONDAYS | TUESDAYS | WEDNESDAYS | THURSDAYS | FRIDAYS |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Fees for the School Year: The total of the days you selected will be divided into 9 payments, one due at the beginning of each month Sept – May.*** *Your family will receive a monthly bill based on the 1/9 of the total due.*

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| --- | --- | --- | --- | --- | --- |
| Registration Fee $40  \*Daily Fee $15/day  \*Wednesday Fee $25/day | Mon (33) | Tues (35) | Wed (36) | Thurs (36) | Fri (36) |
| $561 | $595 | $900 | $612 | $612 |

Please read and initial each of the following:

\_\_\_\_\_ I understand my $100 deposit is non-refundable and will be applied to my first bill due July 31, 2024.

\_\_\_\_\_ If I am using a state voucher, I understand I must submit a copy of a voucher that is valid for Sept 2024. No voucher sign-ups will be accepted without this paperwork. If you do not have an award letter valid for Sept ’24, you must pay the non-refundable deposit in order to register.

\_\_\_\_\_ I understand I am responsible for the cost of the full-year program.

\_\_\_\_\_ I understand I must pay the balance of my first bill by July 31,2024 and if payment is not received on time, my slot may be awarded to someone on the waiting list.

\_\_\_\_\_ I understand I will receive a monthly bill for the upcoming month and it must be paid in a timely manner.

\_\_\_\_\_ I may request a weekly payment plan. I understand payment is expected by Friday each week. If payment is not received, I understand my child will not be able to return to the program until payment is made.

\_\_\_\_\_ I understand that returned checks will require a $35 payment in addition to the regular payment.

\_\_\_\_\_ I understand that my child will be expected to comply with all health and safety standards required for program participation.

\_\_\_\_\_ I understand late pickup from the program will be charged a fee and may result in termination from the program.

\_\_\_\_\_ I understand I am responsible for snacks each day for my child. I understand that snacks need to be nutritious and something my child likes to eat.

Parent/Guardian Name Signature date phone