

KOOTENAY FAMILY PLACE CHILD CARE FINANCIAL AGREEMENT
Hobbit Hill Children's Centre • Selkirk College Children's Centre • Kinnaird Kids' Club



Child Care Fee Schedule: (These rates apply to our regular hours of operation – 7:30 am thru 5:00 pm)

Infant/Toddler Care		Group Care (3-5 yrs)		School Age Care	
Half Day (4.5 hrs)	Full Day	Half Day (4.5 hrs)	Full Day	After School	Full Day
\$26.00	\$47.00	\$24.00	\$37.00	\$17.00 Before & After School \$22.00	\$35.00

Parent/Guardian initials required for each of the following policies:

_____ **Monthly Fees:** Enrolment fees are calculated according to the number, and length, of days that my child is registered (pre-booked) to attend each month. I will receive a statement on the first (1st) of the month for child care fees owing for the entire month. The enrolment fees are **due within 10 days of issuance of bill.** In the event that fees are not paid as required, I shall receive a letter indicating that if the balance in arrears is not paid within five (5) calendar days, my child care space shall be forfeited immediately.

Child Care Subsidy: It is my responsibility to have authorization in place. If authorization has not been received, I will be billed the monthly fee directly (as noted above) and will be responsible for full payment of this fee. If authorization is received at a later date, a refund for the paid parent fee will be issued.

_____ **Premium Fee:** If I require care before 7:30 am, or after 5:00 pm, I will be charged an additional premium rate of \$5 for either end of the day. For example, if my child is dropped off at 7:10 am and picked up at 5:15 pm, an additional \$10 will be applied to my daily rate. The premium rate will be based on my previously scheduled or booked hours of care needed – regardless of whether I choose to drop my child off later, or pick up earlier, on any given day. **The additional \$5 rate does not apply to families accessing after school care only.**

_____ **Part-Time Care:** In order to secure a child care space for my child, a minimum of 3 days per week registration is required – schedules of less than 3 days/wk will be deemed drop-in care & subject to space availability. Services available for families requesting the half day rate are offered only between the hours of **8:30 am - 4:30 pm.**

_____ **Absence:** In the event of absenteeism, I understand that I am responsible for full payment of fees.

_____ **Holidays:** I understand that I am able to schedule up to **4 weeks of vacation time per year;** in which I will be relieved of payment for the period of scheduled vacation dates. It is my responsibility to give the Centre Manager two weeks written notice if my child will be absent due to holidays.

_____ **Withdrawal:** I am required to give two weeks written notice of withdrawal to the Centre Manager in advance of my child's last day of attendance. I agree that my child shall be deemed "registered" at the facility during those two weeks following written notice, and that fees will be owing regardless of attendance.

_____ **Transfer to another Society Program:** I understand that if my child is no longer attending the facility and a balance is owing on my account, re-enrolment into a program operated by Kootenay Family Place shall not take place until the balance owing has been paid in full.

_____ **NSF Cheques:** There will be a \$15.00 banking charge levied by Kootenay Family Place on all NSF cheques.

_____ **Income Tax Receipts:** Annual receipts will only be issued if there are no outstanding fees owing.

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I, _____, have enrolled my child, _____
Parent's name Child's Name

at _____ for the following days and hours;
Name of Centre

[Please indicate your child's arrival & departure times; this schedule will be used to determine your monthly child care fees]

Monday	Tuesday	Wednesday	Thursday	Friday

I understand that once my schedule has been established, I may not substitute different hours/days of care on any given day. Requests for schedule changes must be submitted in advance, and can only be granted if space is available.

I hereby confirm that I have read & understand the Parent Financial Agreement of Kootenay Family Place & agree to pay a daily rate fee of (include premium fee if applicable) _____ as per the conditions set out above. _____
(Date)

Parent Signature Manager/Director's Signature