

Before and After Care

Dear Parents:

Please fill out the bottom portion of this form and return it to the child care center either by mail or by dropping it off in the payment box located at the front desk of the child care. You must attach a check made payable to Orchard Park. The fee is \$4.50 per hour your child is in care. After your child is in care for 10 minutes that is considered an hour and you will be charged accordingly.

Payment must be received no later than Wednesday the week before care is needed. Failure to reserve a space for your child in advance will result in there not being a space available. If you would choose to pay for one month in advance there will be a discount of .25 cents an hour. Parents may do this by reserving space for their child at the beginning of the month and returning payment by the Wednesday before that month begins.

Parents will also be responsible for paying for one 2 hour delay in advance. The rate for a 2 hour delay will be \$4.50 an hour. Once you have paid in advance your child's name will then be placed on the delay list and will be able to attend if there were a 2 hour delay. If a 2 hour delay does not occur during the month the money will be carried over into the next month. If you do not use a 2 hour delay during the school year the money is non refundable.

Snow days will remain the same. Parents receiving assistance from the Child Care Resource Center will still receive a monthly bill.

Thank you,
Christine Sobutka

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School: _____

Child's name _____

Week Of: _____ **OR** **Month Of:** _____

Please indicate the days and times that your child will need care.

Monday	Before Care _____	Time _____	After Care _____	Time _____
Tuesday	Before Care _____	Time _____	After Care _____	Time _____
Wednesday	Before Care _____	Time _____	After Care _____	Time _____
Thursday	Before Care _____	Time _____	After Care _____	Time _____
Friday	Before Care _____	Time _____	After Care _____	Time _____

I understand that the above days and times will be the only time care will be available for my child. If my child remains in care longer than specified above I will receive a bill in the mail and my child may not attend until this bill is paid in full.

Parents Signature _____ Date _____