

2018-2019 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	Step 3
	____ Before School Only - \$186 ____ After School Only - \$243 ____ Combined - \$379	____ Before School Only - \$136 ____ After School Only - \$176 ____ Combined - \$276	____ Before School Only - \$98 ____ After School Only - \$127 ____ Combined - \$199	____ Before School Only - \$66 ____ After School Only - \$85 ____ Combined - \$135
2	above \$32,782	\$32,781 - \$24,013	\$24,012 - \$15,081	below \$15,080
3	above \$40,515	\$40,514 - \$31,746	\$31,745 - \$22,814	below \$22,813
4	above \$48,248	\$48,247 - \$39,479	\$39,478 - \$30,547	below \$30,546
5	above \$55,981	\$55,980 - \$47,212	\$47,211 - \$38,280	below \$38,279
6+	above \$63,714	\$63,713 - \$54,945	\$54,944 - \$46,013	below \$46,012

- Qualifying for a sliding scale tuition rate (**Step 1, Step 2 or Step 3**) requires proof of your annual **household** income. Your annual income includes all wages, child support, social security, etc. Two most recent pay stubs and Income Verification Form are required for proof of income. **You will be charged full fee tuition until required documentation is received.**
- 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 - \$119/month	M	T	W	R	F
_____	After School - \$156/month	M	T	W	R	F
_____	Combined - \$245/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 \$145 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

I would like to make a donation of \$ _____ to help a child in need attend FCCC. *(Please pay separately from tuition.)*

FCCC USE ONLY:

Accepted by: _____ Date Received _____ Amount Paid \$ _____ Check/MO # _____

Date Child Entered Care _____ Date Child Left Care _____ Cash / Receipt # _____

MAIN OFFICE USE ONLY:

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