

2020-2021 FCCC SCHOOL YEAR PAYMENT AGREEMENT

NEW ENROLLEES (anyone not currently attending FCCC): A \$55.00 Non-Refundable Registration Fee and payment for your child's first week are due at the time of sign-up. **REGISTRATION IS NOT COMPLETE UNTIL BOTH PAYMENTS ARE RECEIVED.**

ALL ENROLLEES: Weekly fees will be due on the first day your child attends each week.

CHILD _____

AA Schedule BB Schedule

Bradley 0002
674 Hastings Lane
Warrenton, VA 20186
(540) 349-1837

C. Hunter Ritchie 0007
4416 Broad Run Church Rd.
Warrenton, VA 20187
(540) 341-7684

Coleman 0009
4096 Zulla Rd.
The Plains, VA 20198
(540) 364-4738

Grace Miller 0004
6248 Catlett Rd.
Bealeton, VA 22712
(540) 439-1909

In-Person Days
 Asynchronous Days

In-Person Days Only
*Choose Alternate Asynchronous Site

In-Person Days Only
*Choose Alternate Asynchronous Site

In-Person Days
 Asynchronous Days

Greenville 0011
7389 Academic Avenue
Nokesville, VA 20181
(540) 349-8544

M.M. Pierce 0010
12074 James Madison St.
Remington, VA 22734
(540) 439-0311

P.B. Smith 0005
6176 Dumfries Rd.
Warrenton, VA 20187
(540) 341-7785

**NO ON-SITE CARE AVAILABLE:
BRUMFIELD, PEARSON, MARY WALTER**
*Can attend an Alternate Site on
Asynchronous Days

In-Person Days
 Asynchronous Days

In-Person Days
 Asynchronous Days

In-Person Days Only
*Choose Alternate Asynchronous Site

CARE OPTIONS: Determine your household size in the left column and your yearly household income in that corresponding row. Once determined, follow that column down to identify the weekly fee for your chosen care option.

Household Size	Full Fee Income	Step 1	Step 2	Step 3
2	above \$34,404	\$34,403 - \$24,743	\$24,742 - \$15,081	below \$15,080
3	above \$42,692	\$42,691 - \$33,031	\$33,030 - \$23,369	below \$23,368
4	above \$50,980	\$50,979 - \$41,319	\$41,318 - \$31,657	below \$31,656
5	above \$59,268	\$59,267 - \$49,607	\$49,606 - \$39,945	below \$39,944
6+	above \$67,556	\$67,555 - \$57,895	\$57,894 - \$48,233	below \$48,232
In-Person Days, Before & After School, 2 Days (6:30-8:15AM & 3:30-6:30PM)	\$50.00	\$38.00	\$28.00	\$21.00
In-Person and Asynchronous Days, Monday-Friday, 5 Days (6:30AM-6:30PM)	\$125.00	\$94.00	\$71.00	\$53.00
Brumfield, Pearson & M.Walter Only Asynchronous, 3 Days (6:30AM-6:30PM)	\$75.00	\$56.00	\$42.00	\$32.00

■ **NEW ENROLLEES:** Qualifying for a sliding scale tuition rate (**Step 1, Step 2 or Step 3**) requires proof of your annual **household** income. Annual income includes all wages, child support, social security, etc. Two most recent pay stubs and FCCC's Income Verification Form are required for proof of income. **You will be charged full fee tuition until required documentation is received.**

I agree to pay \$_____ per week for the care option chosen above. I am aware that this payment agreement is valid while FCPS operates on the AA/BB/Virtual Learning Hybrid Schedule and I will need to complete a new payment agreement if a new schedule is announced by FCPS, or submit a withdrawal in accordance with FCCC's withdrawal policy.

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, in writing, a full week prior to my child's last date of attendance. If my withdrawal ends mid-week I understand that fees are charged on a weekly basis and are due for the entire week.

FCCC offers a morning and afternoon snack to all enrollees.

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 \$ _____	<input type="checkbox"/> Check/MO # _____
Date Child Entered Care _____	Date Child Left Care _____	<input type="checkbox"/> Cash / Receipt # _____	
MAIN OFFICE USE ONLY:			
Processed by: _____	Date _____	<input type="checkbox"/> CHECKED FOR OUTSTANDING BALANCE \$ _____	