

# 2021-2022 FCCC SCHOOL YEAR CHANGE OF CARE PAYMENT AGREEMENT

A \$55.00 non-refundable Registration Fee + the first Month's Tuition is due, per child, at the time of enrollment.

Tuition is pro-rated for August. Cash, check or money order payments only.

REGISTRATION IS PLACED ON HOLD AND NOT COMPLETE UNTIL BOTH PAYMENTS ARE RECEIVED.

**CHILD** \_\_\_\_\_ **SITE** \_\_\_\_\_ **EFFECTIVE DATE** \_\_\_\_\_

● **FULL TIME MONTHLY CARE:** 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 **MONTHLY FEE** for your chosen care option.

Household Size	Full Fee Income	Step 1	Step 2	Step 3
2	above \$34,404	\$34,403 - \$27,083	\$27,082 - \$19,761	below \$19,760
3	above \$42,803	\$42,802 - \$35,482	\$35,481 - \$28,160	below \$28,159
4	above \$51,202	\$51,201 - \$43,881	\$43,880 - \$36,559	below \$36,558
5	above \$59,601	\$59,600 - \$52,280	\$52,279 - \$44,958	below \$44,957
6+	above \$68,000	\$67,999 - \$60,679	\$60,678 - \$53,357	below \$53,356
Before School (6:30-8:15AM)	\$142.00	\$103.00	\$74.00	\$50.00
After School (3:30-6:30PM)	\$243.00	\$176.00	\$127.00	\$85.00
Combined (6:30-8:15 AM/3:30-6:30PM)	\$379.00	\$276.00	\$199.00	\$135.00

- 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.**
- 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 to identify the **MONTHLY FEE**, and circle three days to attend each week. Part-Time Monthly Care cannot be combined with Full-Time Monthly Care.

_____	Before School (6:30-8:15AM) - \$105.00	M	T	W	R	F
_____	After School (3:30-6:30PM) - \$180.00	M	T	W	R	F
_____	Combined (6:30-8:15 AM/3:30-6:30PM) - \$285.00	M	T	W	R	F

● **PUNCH CARD (OCCASIONAL CARE):** Choose Type of Care.

\_\_\_\_\_ Before School (6:30-8:15AM)      \_\_\_\_\_ After School (3:30-6:30PM)      \_\_\_\_\_ Combined (6:30-8:15 AM/3:30-6:30PM)

- I understand that a Punch Card has 10 hours of care for \$145.00 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 can be purchased to supplement Full Time and Part-Time Cares.
- Punch Cards expire 12 months from the issue date. Accounts are charged for a new Punch Card when the current one expires unless written notice is provided in accordance with FCCC's withdrawal policy to terminate Punch Card enrollment.

I agree to pay the fees for the care option(s) chosen above. I am aware that fees are pro-rated for August and June. This payment agreement is valid for School Year 2021-2022. I understand that I will need to complete a new payment agreement if I choose a new care option, or submit a written notice in accordance with FCCC's withdrawal policy to terminate enrollment.

**Withdrawal from the program must be received, in writing, a minimum of two weeks prior to the last date of my child's attendance. Fees are due for the entire withdrawal period and will be pro-rated if it carries over into the next month.**

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.

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.)*

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