

# 2023-2024 FCCC SCHOOL YEAR CHANGE OF CARE PAYMENT AGREEMENT

Cash, check or money order payments only.

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 \$41,809	\$41,808 - \$33,386	\$33,385 - \$24,961	below \$24,960
3	above \$51,318	\$51,317 - \$42,895	\$42,894 - \$34,470	below \$34,469
4	above \$60,827	\$60,826 - \$52,404	\$52,403 - \$43,979	below \$43,978
5	above \$70,336	\$70,335 - \$61,913	\$61,912 - \$53,488	below \$53,487
6+	above \$79,845	\$79,844 - \$71,422	\$71,421 - \$62,997	below \$62,996
Before School (6:30-8:15AM)	\$146.00	\$106.00	\$76.00	\$52.00
After School (3:30-6:30PM)	\$250.00	\$181.00	\$131.00	\$88.00
Combined (6:30-8:15 AM & 3:30-6:30PM)	\$390.00	\$284.00	\$205.00	\$139.00

- 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) - \$109.00	M	T	W	R	F
	After School (3:30-6:30PM) - \$185.00	M	T	W	R	F
	Combined (6:30-8:15 AM/3:30-6:30PM) - \$294.00	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 \$160.00 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.

☐ This payment agreement is valid for School Year 2023-2024. I agree to pay the fees for the care option(s) chosen above. 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 have read and understand all terms stated above.*

Parent/Guardian PRINTED Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

## 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 \$ \_\_\_\_\_