

Central Bucks Community School

16 Welden Drive, Doylestown, PA 18901 Phone: 267-893-5705 Fax: 267-893-5850

Equal Opportunity Care Provider

School Age Child Care 2011-2012 Parent Agreement Form

Child's Name _____ Location _____ Start Date _____

Child Care Program Information (Services provided as listed in the Parent Handbook)

The Child Care program hours are 7:00AM-9:00AM and 3:00PM to promptly ending at 6:00PM.

A **Late Pick Up Fee** will be assessed at the rate of \$1.00 per minute after 6:00PM and will be added to your monthly invoice.

Please keep your invoices for income tax purposes.

***** Please Note: There will be a \$10.00 fee for all returned checks!**

Monthly Tuition Amounts Are Due The First Of Each Month (or a \$20.00 late fee will be assessed)

A \$30 registration fee is due at the time of registration. Make checks payable to CB Community School.

<u>Full Time</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
Full Time AM/PM (Before & After School)	\$285	\$275	\$245
Full Time AM (Before School)	\$150	\$140	\$125
Full Time PM (After School)	\$200	\$180	\$155

Half day program included in Full Time AM/PM & Full Time PM registrations

<u>Part Time—AM</u>	<u>Part Time—PM</u>
PTAM4 — 4 mornings per month \$40	PTPM4 — 4 afternoons per month \$ 60
PTAM8 — 8 mornings per month \$80	PTPM8 — 8 afternoons per month \$120

Day Off (see schedule) per day - pre-registration required \$ 45

Half Day (see schedule) per half day - pre-registration required \$ 30

***Day Off Program Information**

You will be charged Day Off fees only if you use the Day Off!

Bridge Valley, Butler and Cold Spring

September 29, 2011	January 23,24, 2012
November 21,22,23, 2011	April 4,5, 2012

***Half Day Program Information**

If you registered Part Time and use a half day you will be charged the Half Day fee. You cannot use Part Time days as a half day. The Half Day program is held at your regular **Before and After School Site** as listed below:

November 1, 2011
January 20, 2012
March 30, 2012
June 8, 2012

***Dates subject to change according to the CB district calendar approved by the school board!**

Parent's Full Signature is required for each item below to indicate parental consent.

Please sign each line individually.

Obtaining Emergency Medical Care _____ Transport to Hospital _____

Administer Minor First Aid _____ Photographs _____

Authorize Monthly Credit Card Charges _____

Non-weather emergency plan:(please check one) Parent/Adult Pick-Up Bus Walk

Person (other than parent) to whom child can be released:

Name: _____ Name: _____

Address: _____ Address: _____

City, St., Zip _____ City, St., Zip _____

Phone: _____ Phone: _____

I, the parent/guardian: received complete written program information at the time of enrollment DPW Code:(§3270.121,3280.121,3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. DPW Code:(§3270.124,3280.124,3290.124)

Child Care Coordinator Kathy Skiffon Signature Parent/Guardian _____ Date _____

Mid-Year Review Signature Parent/Guardian _____ Date _____