

## YWCA After School Program Fee Scale

Program runs from 3:00pm-6:00pm for WACS students and 3:30-6:30pm for RCS students. A healthy snack is provided each day.

HOUSEHOLD SIZE	FAMILY INCOME EQUALS OR IS BELOW			FAMILY INCOME IS BETWEEN			FAMILY INCOME IS BETWEEN			FAMILY INCOME ABOVE
	\$2 PER DAY			\$ 3 PER DAY			\$6 PER DAY			\$10 PER DAY
	Discount/Financial Assistance See Below									
	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR
2	20,709	1,726	399	20,709-29,471	1,726-2,456	399-567	29,471-38,123	2,456-3,177	567-733	38,123
3	26,117	2,177	503	26,117-37,167	2,177-3,098	503-715	37,167-48,217	3,097-4,018	715-927	48,217
4	31,525	2,628	607	31,525-44,863	2,628-3,739	607-863	44,863-58,201	3,739-4,850	863-1,119	58,201
5	36,933	3,078	711	36,933-52,559	3,078-4,380	711-1,011	52,559-68,185	4,380-5,682	1,011-1,311	68,185
6	42,341	3,529	815	42,341-60,255	3,529-5,022	815-1,159	60,255-78,169	5,021-6,514	1,159-1,503	78,169
7	47,749	3,980	919	47,749-67,951	3,980-5,663	919-1,307	67,951-88,153	5,663-7,346	1,307-1,695	88,153
8	53,157	4,430	1,023	53,157-75,647	4,430-6,304	1,023-1,455	75,647-98,137	6,304-8,178	1,455-1,887	98,137
+ members	+5,408	+451	+104	+7,696	+642	+148	+7,696	+642	+148	+7,696

- **Discount/Financial Assistance:** (1) 10% discount will apply for children attending both Before and After School, (2) 10% sibling discount, per child, (3) 10% monthly advance payment discount, if paid by the first business day of the month.

Parents should contact the ***Child Care Unit of Chautauqua County at 753-4133*** directly to determine eligibility for Childcare Assistance. Applications must be completed and returned to DSS before a determination can be made on eligibility and co-payment amounts. Families are responsible for payment up to the time of approval.

- **Proof of income/free and reduced lunch verification required:** Before your child can begin the program the following must be presented to complete the enrollment process: School Lunch approval letter, previous year tax return, and 6 weeks paystubs.
- **If you feel you are unable to pay any program fees, please contact SACC Director Nicole Gollhardt at 326-4012**
- **PLEASE COMPLETE THE FRONT OF THIS FORM BASED ON THE INFORMATION ABOVE.**

*(6/20)*

## 2016-2017 YWCA Westfield Advantage After School Enrollment Contract

I consent to the enrollment of my child (ren) \_\_\_\_\_ in the YWCA Westfield Advantage After School Program and agree to abide by all written policies. **Fees are based on a household income** scale as outlined on the back of this form. In the event that we have a waiting list, full time children are given first priority. Any of the following areas are subject to change without notice.

1. A non-refundable, non-transferable registration fee of **\_\_\$15\_\_** is due and includes a YWCA Westfield youth membership.
2. I understand that my child may be walking to locations within the Village of Westfield. I assume responsibility for all accidents and injuries incurred by my child as a participant in the YWCA program and authorize treatments as deemed necessary by attending personnel.
3. Children must be scheduled for specific days of attendance. Payment is expected for those days, regardless of attendance. This includes five major holidays.
4. I agree to pay the parent fees according to the schedule that I select below. If I cannot meet this schedule I will notify the office as soon as possible, but no later than two days past my agreed upon payment date.
5. Two weeks' notice is required for schedule changes, extended absences or withdrawal from the program. If proper notice is not received for an extended absence, full payment will be due for the first week of absence and half payment will be due for each subsequent week. For withdrawal without notice, payment will be required for the two week period.
6. I have received and reviewed the current fee schedule and the information contained in this contract. I agree to the financial terms and conditions outlined.
7. I understand there is a Late Pick-Up Fee of \$1.00 per minute past 6:00 pm.
8. I agree to pay a returned check fee of \$30 for checks that do not clear my financial institution. I understand the YWCA then has the option of refusing checks and requesting payments via cash, money order, MasterCard or Visa.

My Child(ren)'s schedule will be as follows:  
closes at 6:00pm)

(Open at the end of the school day and

After School:

Beginning Date: \_\_\_\_\_ Pickup Time: \_\_\_\_\_ M T W Th F (circle days)

**PLEASE COMPLETE THE FOLLOWING SECTION USING FEE SCALE ON BACK OF THIS FORM:**

Daily Rate: \_\_\_\_\_ Weekly Rate: \_\_\_\_\_ Payment Frequency: Weekly Bi-Weekly  
Monthly in Advance

***Please check below if you would like your child to be enrolled in the Advantage After School Program but feel you are unable to afford the program fees.***

***[ ] I am unable to pay program fees at this time due to financial hardship.***

Based on this payment amount and frequency, I agree to pay the YWCA Westfield  
\$ \_\_\_\_\_ plus my Registration Fee of \$ \_\_\_\_\_ prior to my child starting the program.

Collections/Suspension Policy: I agree to this payment schedule.

\_\_\_\_\_

Parent/Guardian Signature/Date

\_\_\_\_\_  
Parent/Guardian Address and Phone

\_\_\_\_\_  
Child Services Director Signature/Date