Program opens at 7 am. Breakfast can be purchased through the school.

<table>
<thead>
<tr>
<th>Household SIZE</th>
<th>FAMILY INCOME EQUALS OR IS BELOW $2 PER DAY</th>
<th>FAMILY INCOME IS BETWEEN $3.75 PER DAY</th>
<th>FAMILY INCOME IS BETWEEN $4.50 PER DAY</th>
<th>FAMILY INCOME ABOVE $8.50 PER DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR MONTH WEEK</td>
<td>YEAR MONTH WEEK</td>
<td>YEAR MONTH WEEK</td>
<td>YEAR MONTH WEEK</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>8,709</td>
<td>20,709-29,471</td>
<td>2,177-3,098</td>
<td>503-715</td>
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<tr>
<td>4</td>
<td>36,933</td>
<td>42,341-55,678</td>
<td>4,430-6,944</td>
<td>1,023</td>
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<tr>
<td>5</td>
<td>47,749</td>
<td>53,157-66,493</td>
<td>5,222-9,976</td>
<td>1,455</td>
</tr>
<tr>
<td>6</td>
<td>58,165</td>
<td>64,573-77,909</td>
<td>6,004-10,756</td>
<td>2,060</td>
</tr>
</tbody>
</table>

Discount/Financial Assistance See Below

- **(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 753-4132 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.
- **Please contact Nicole Golbrand, SACC Director at 326-4012 with questions or to discuss special circumstances.**
- **PLEASE COMPLETE THE FRONT OF THIS FORM BASED ON THE INFORMATION ABOVE.**
- **Rates above reflect the cost of childcare only. Breakfast must be purchased through the school.**

*(6/16/2018)*
2018-2019 YWCA Westfield Before School Enrollment Contract

I consent to the enrollment of my child ______________________________ in the YWCA Westfield Before 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, registration fee of $25 is due and includes a YWCA Westfield youth membership. This is an annual fee.
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 understand that I am responsible for payment of breakfast to Westfield Academy and Central School. The amount specified in this contract does not include the cost of breakfast.
5. 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.
6. 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.
7. 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.
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: (Open at 7 a.m and closes at the start of school)

Before School:
Beginning Date: ____________________  Time In: ____________________ 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

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

________________________________________
SACC Director Signature/Date

Commented [2]: Please no not edit this contract, I have already emailed you the one I fixed.