



Beaver Dam School Age Child Care

6:30am-School & School-5:45pm
2019-2020 Weekly Rates

I understand that I will be billed at the following rate for my child every Friday of each month.

Status AM 6:30am-8:35am	1 DAY/WK	2 DAYS/WK	3 DAYS/WK	4 DAYS/ WK	5 DAYS/ WK
Y Member	\$10.00 weekly	\$18.00 weekly	\$26.00 weekly	\$32.00 weekly	
Non Y Member	\$11.00 weekly	\$19.00 weekly	\$28.00 weekly	\$35.00 weekly	
Status PM 3:40pm-5:45pm	1 DAY/WK	2 DAYS/WK	3 DAYS/WK	4 DAYS/ WK	5 DAYS/ WK
Y Member	\$15.00 twice a month	\$30.50 twice a month	\$45.50 twice a month	\$60.50 twice a month	
Non Y Member	\$16.50 twice a month	\$33.00 twice a month	\$49.50 twice a month	\$66.00 twice a month	
Late Start Only <i>(Late Start fees are in addition to normal contracted SACC rates)</i>					
Y Member	\$17.50 each late start	Non Y Member	\$18.00 each late start		

School Age Child Care Programs are closed for School District days off. School Age Child Care Programs are **NOT** adjusted for any days off included but not limited to the following:

- New Year's Day Memorial Day Labor Day Thanksgiving Day Day after Thanksgiving
 Christmas Break Spring Break Teacher In-service Days

My child _____ is a (___ Member) **OR** (___ Non-Member) and will be attending ___ days (AM) **and/or** ___ days (PM) each week during the 2019-2020 school year at:
 (choose your child's school) ___ Washington ___ Prairie View ___ Lincoln ___ Jefferson ___ Wilson

Please check the days that your child will be attending:

If you don't have a consistent number of days, you will need to sign up and pay for the greatest number of days to hold a spot.

Before School (AM) ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

After School (PM) ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My child will **only** be attending on Late Start day's _____

I understand that I will be billed for the number of days on this contract unless I give a two-week written notice prior to my child's last day of attendance and/or permanent schedule change. If there is an emergency and I need additional days and SACC staff approve it, my fees will be adjusted for the entire billing period. If you wish to change your regular attendance, you will need to resubmit a new contract.

Parent or Guardian Signature

Parent or Guardian Print

Date Signed