



2023-2024 School SACC Enrollment Contract

Parent/Guardian Name:	I receive DSS Assistance Yes No
Primary Phone:	If you are receiving DSS assistance you must provide the DSS Approval Letter .
Parent DOB:	I am requesting a financial assistance Scholarship Yes No
Office use only: Member #	If you are requesting assistance please complete the Scholarship Application .

Billing and Registration Procedures	Initial
There is a \$20 registration fee per family, if all children registering are members this fee is waived. This registration fee is non-refundable.	
SACC childcare fees are billed the month prior to care. If you register prior to August, September's fees will be set to draft in August. All registrations August and throughout the school year, will require the first month's cost and registration fee. This registration fee is non-refundable.	
Registration is not complete until all applicable forms & payments are received by the SACC office. (Registration Form, Fee Contract, CACFP, Text Alert, and if needed; Medical Consent, Special Needs, Allergy, Asthma, A&A Emergency Plan, Court Orders, IEP)	
We are unable to bill an <u>individual</u> third party for the cost of your child's care. It will be your obligation to seek payment from that individual.	
A late fee of \$5.00 for the first five minutes you are late to pick up your child and an additional \$2.00 for each minute thereafter.	
There is a fee for all CC, Check, and EFT payments which are returned (this fee varies by bank, can be up to \$30)	
If you receive assistance from DSS you are responsible for your monthly parent fee and the balance of any unpaid childcare costs. If DSS does not pay as much as you feel they should, it is your responsibility to contact your caseworker. You will be responsible to pay for any uncovered childcare expenses within 2 weeks of the statement.	
The sibling discount is applied to the child who attends the least.	
If you receive a YMCA Scholarship, maintaining a current payment status is required for continuing your scholarship. There is not a sibling discount if you receive a scholarship.	
All childcare fees are required to be set up as automatic payments.	
Changes to your contract may be made by calling the SACC office at (315) 755-2005. Changes to your contract must be made no later than the 2 weeks prior to your next scheduled billing date.	
YMCA reserves the right to discontinue care if payment is <u>30 days</u> outstanding.	

2023-2024 Cost Schedule

	Cost for the First Child	Cost for Each Additional Sibling
Program	<i>All child care costs billed monthly. (Vacation billed upon registration)</i>	
Full Week AM Only	\$236	\$200.60
Full Week PM Only	\$265	\$225.25
Full Week AM and PM	\$337	\$286.45
3 Days Per Week AM Only	\$165	\$140.25
3 Days Per Week PM Only	\$186	\$158.10
3 Days Per Week AM and PM	\$236	\$200.60
Early Dismissal Costs for AM Contracts	\$25	\$20
Early Dismissal Costs for PM Contracts	\$20	\$15
Vacation Program- 1 Day	\$55	\$46.75
Vacation Program- 3 Day	\$165	\$140.25
Vacation Program- 5 Day	\$245	\$208.25

Child(ren)s Names	Child(ren)s SACC Site	Contracted Days	Cost of Care
1.			\$
2.			\$
3.			\$
4.			\$
Total Monthly Fee			\$

Method of Payment

- (Initial) I choose to have debit/credit card ending with processed the **1st AND 15th** of the month prior to the service month.
- (Initial) I choose to have debit/credit card ending with processed the **1st** of the month prior to the service month.

Pickup Fees

(Initial) I authorize YMCA to charge my debit/credit card for registered Early Dismissals and Holiday programs the week prior to attending and for additional fees incurred due to late pickup.

Memorandum of Understanding: I have read and understand this enrollment contract in its entirety. I understand that space is reserved for my child and I am responsible for payment for the contracted days and additional service days. I understand that I am the party ultimately responsible for the cost of care despite third party assistance or subsidies. My services may be suspended for any account which is delinquent.

Parent/Guardian Signature: _____ **Date:** _____