



Sandpipers

STAY & PLAY, LLC
AFTER SCHOOL CARE PROGRAM



PROGRAM FEE SCHEDULE

DIRECTOR: Ms Ginny Baynes, Phone # (850) 982-0148

Schedule A (*) Full Time Discount 4 or more days a week

Schedule B Part Time 1 to 3 days a week

Schedule C Early Pick-up Pick-up by 3:30 pm

FEES

Please note fees are subject to change during each school year.

	<u>Full Time (A)</u>	<u>Part Time (B)</u>	<u>Early Pick-up (C)</u>
1 child per family	\$50 per week	\$15 per day	\$10 per day
2 children per family	\$90 per week	\$30 per day	\$15 per day
3 children per family	\$130 per week	\$40 per day	\$20 per day

There is a **\$20.00 registration fee** for each child per year.

* Full Time (A) Discounted Payments are made in advance and due on the **WEDNESDAY** of the preceding week. A **\$10.00 late fee** will be assessed on the **MONDAY** of the week the child attends, if child anticipates 4 or more days attendance. If no reserved or advanced payments by Monday then child is charged daily at the Part Time (B) rates. Non-payment for two weeks will result in the child being dropped from the program. A \$25.00 fee will be assessed on any returned checks.

Child(ren) are to be picked up at 6:00 p.m. A late fee will be charged in the amount of **\$1.00 per child for every minute after 6:00 p.m and to be paid at pick-up.**

I would like to enroll _____ child(ren) in the Schedule _____ program. I understand that fees are subject to change during each school year and I agree to pay the new fees.

For planning purposes please indicate the following days for child care attendance :

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I understand I am financially responsible for the days I paid in advance for the Full Time (A) discounts. If no advanced payment then I understand I am responsible for the Part Time (B) rates for actual days used.

Signature of Parent/Guardian

Parent Printed Name

Date