

# **2018/2019 Rates and Info**

**\*\*Please read and complete form on back\*\***

Bloom Children's Center provides all-day and half-day preschool for children ages 2 to 6 years.

## **Payment Expectations**

Payments must be made no later than the 1st of every month.

Payments made after closing on the 1st will automatically trigger a \$30 late payment fee to be added to the following month's invoice.

## **Rates**

### **All Day**

**5 days/wk=** \$945/month

**4 days/wk=** \$882/month

**3 days/wk=** \$709/month

**2 days/wk=** \$494/month

### **Half-day**

**5 days/wk=** \$678/month

**4 days/wk=** \$567/month

**3 days/wk=** \$459/month

**2 days/wk=** \$342/month

## **Late Pick-Up Fees**

Our program opens at 7:30am

We ask that all students arrive by 9:00am daily

Half Day children are to be picked up promptly at noon or earlier.

All Day children are to be picked up between 3:30pm and 5:30pm daily

Late pick up fees will apply for any children not picked up promptly by their appropriate pick-up time.

Late pick up fees will be

- \$10 for the first five minutes

- \$2 per minute for every minute thereafter

# 2018 RATE CONTRACT

Child's Name \_\_\_\_\_

Please indicate child's schedule by marking the boxes below:

Monthly tuition for the above schedule is \$\_\_\_\_\_ per month.

	Monday	Tuesday	Wednesday	Thursday	Friday
Half Day					
All Day					

Payments must be made by the 1st of every month.

NOTE: All rates are subject to increase each February.

Late payment fees and Late pick-up fees will be added to my monthly invoice as needed.

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date

\_\_\_\_\_ Below section is to be completed by those families receiving DHS childcare assistance. \_\_\_\_\_

## DHS Childcare Assistance

My monthly copay is \$\_\_\_\_\_/month

DHS will pay \$\_\_\_\_\_/month for my child's care

I will be responsible for paying the remainder of \$\_\_\_\_\_/month.

Payment for my portion will be due on the first of every month for the following month.

When I receive notice from DHS of any change in my copay, I will notify Bloom Children's Center immediately so that my invoicing can be edited properly prior to the copay change going into effect.

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date