

**KOOTENAY FAMILY PLACE CHILD CARE FINANCIAL AGREEMENT**  
**Hobbit Hill Children's Centre • Selkirk College Children's Centre • Kinnaird Kids' Club**



**FEE SCHEDULE**

Infant/Toddler Care		Group Care (3-5 yrs)		School Age Care	
Half Day (4.5 hrs)	Full Day	Half Day (4.5 hrs)	Full Day	After School	Full Day
<b>\$26.00</b>	<b>\$47.00</b>	<b>\$24.00</b>	<b>\$37.00</b>	<b>\$17.00</b>	<b>\$35.00</b>

**Parent/Guardian initials required for each of the following policies:**

\_\_\_\_\_ **Monthly Fees:** Enrolment fees are calculated according to the number, and length, of days that my child is registered (pre-booked) to attend each month. I will receive a statement in the first week of each month for child care fees owing for the entire month. The enrolment fees are **due within 10 days of issuance of bill.** In the event that fees are not paid as required, I shall receive a letter indicating that if the balance in arrears is not paid within five (5) calendar days, my child care space shall be forfeited immediately.

\_\_\_\_\_ **Child Care Subsidy:** It is my responsibility to have authorization in place. If authorization has not been received, I will be billed the monthly fee directly (as noted above) and will be responsible for full payment of this fee. If authorization is received at a later date, a refund for the paid parent fee will be issued.

\_\_\_\_\_ **Part-Time Care:** In order to secure a child care space for my child, a minimum of 3 days per week registration is required – schedules of less than 3 days/wk will be deemed drop-in care & subject to space availability. Services available for families requesting the half day rate are offered only between the hours of **8:30 am - 4:30 pm.**

\_\_\_\_\_ **Absences:** In the event of absenteeism, (cancellations, vacation days, illness) I understand that I am responsible for full payment of fees.

\_\_\_\_\_ **Withdrawal:** I am required to give two weeks written notice of withdrawal to the Centre Manager in advance of my child's last day of attendance. I agree that my child shall be deemed "registered" at the facility during those two weeks following written notice, and that fees will be owing regardless of attendance.

\_\_\_\_\_ **Transfer to another Society Program:** I understand that if my child is no longer attending the facility and a balance is owing on my account, re-enrolment into a program operated by Kootenay Family Place shall not take place until the balance owing has been paid in full.

\_\_\_\_\_ **NSF Cheques:** There will be a \$15.00 banking charge levied by Kootenay Family Place on all NSF cheques.

\_\_\_\_\_ **Income Tax Receipts:** Annual receipts will only be issued if there are no outstanding fees owing.

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Parent: \_\_\_\_\_ Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your child's arrival & departure times; this schedule will be used to determine monthly child care fees.

Facility **Start Date:** \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**I understand that once my schedule has been established, I may not substitute different hours/days of care on any given day. Requests for schedule changes must be submitted in advance, and can only be granted if space is available.**

I hereby confirm that I have read & understand the Parent Financial Agreement of Kootenay Family Place & agree to pay a daily rate fee of \$\_\_\_\_\_ as per the conditions set out above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Manager/Director's Signature

\_\_\_\_\_  
Date