



School Age Care Acknowledgement Contract
(One per family)

Child: _____ Child: _____

Child: _____ Child: _____

Parent/Guardian's First and Last Name: _____ SAC Location: _____

2018-19 School Age Care Fees

The payments listed below are the School Age Care Fees; these rates will not increase during the 2017-18 school year.

***Please indicate the package you will be utilizing for the 18-19 School Year:** _____

Monthly Fees	First Child	Additional Sibling	9 Monthly Payments Total
Registration Fee (Per Family)	\$50	n/a	
School Age Care			
AM Care	\$250.00	\$235.00	\$2250.00
PM Care	\$260.00	\$245.00	\$2340.00
AM & PM Care	\$375.00	\$355.00	\$3375.00
Inclusive Package (AM,PM & OSC)	\$410.00	\$370.00	\$3690.00
Drop In (Before or After Care)	\$15.00 per child		
Teens After School			
PM Care	\$275.00	\$260.00	\$2475.00

Late Fees: A monthly invoice will be sent to the e-mail address on file on the 20th of the month. A paper bill is available but must be requested in writing. Payments are due by the 10th of each month with the first payment due August 10th. If the due date falls on a weekend or holiday, then the payment is due by the previous business day. A \$15.00 late fee will be assessed on the 11th and an additional \$15.00 late fee on the 21st. If the payment and the late fee is not paid by the 27th of the month then your child will be terminated from the program.

INITIALS - Please initial each statement below acknowledging your understanding.

_____ PARENT HANDBOOK: I understand that I am responsible for the information contained in the Parent Handbook. This handbook is available online at www.stmarysmd.com/recreate. If I do not have access to a computer, I will visit the main office and pick up a paper copy of the information.

_____ PAYMENTS & LATE FEES: I understand that I am responsible for the payment of the SAC program. If I do not pay by the 10th of each month I understand that I will be assessed late fees and ultimately have my child terminated from the program for non-payment.

_____ BEHAVIOR CONTRACT: I understand that it is my responsibility as the parent/ guardian to review the Behavior & Discipline Policy with my child/ren (page 13 of handbook).

A Parent's Guide to Regulated Childcare: A publication of the Maryland State Department of Education Division of Early Childhood Development Office of Child Care (Page 23-26 in the Parent Handbook).

I, _____, have received a copy of the consumer education brochure entitled "Parent's Guide to Regulated Child Care".

Parent/Guardian's Signature: _____ Date: _____