

AFTER-SCHOOL FEE POLICY

1. Rates

Family Income Category	Determination of Category	Cost per day
Full Pay	n/a	\$7.50
Free/Reduced Lunch	Free/Reduced Lunch Application	\$4.00

*Families who qualify for DHS childcare assistance are now required by the state to make a weekly contribution prior to release of state aid.

2. Schedules

Programming begins immediately after school until 5:30 p.m., Monday thru Friday, except holidays and scheduled no school days (see school calendar).

We do ask that parents fill out a weekly schedule.

If your child is not scheduled to attend, you must contact the Director or Assistant to see if there is room for them. GEc Office: 482-5460, Email: aforsell@houghton.k12.mi.us

3. Payments

Payments may be made ahead of time.

Bills will be issued following the week of activity. Payment is expected by Friday of the next week. If payment is not received by the next billing week, a fee of \$5 will be charged. Receipts and statements of payments for tax purposes will be available upon request.

4. Late Fees

A late fee will be charged for each child picked up after the closing time as follows: \$5 for up to 15 minutes late, \$10 for 15-30 minutes late, \$25 for more than ½ hour late. Parents who consistently pick up children late will be charged late fees. If a site incurs additional staffing expense due to a parent's lateness, the parent will be charged accordingly for that expense. Parents are encouraged to discuss irregular schedules with the Director.

5. Financial Assistance

Childcare reimbursements are available through the Dept. of Human Services (DHS) to eligible families. Parents can contact DHS (482-0500) to determine eligibility and obtain approval.

6. Returned Check

A fee of \$30 will be charged for returned checks. Payment must be made by cash or money order to cover the returned check. Two returned checks will result in payment in cash only.

7. Failure to Pay

Parents who fail to pay fees will be notified in writing and required set up a payment plan with the Director.

I understand and agree to this policy:

Signed _____ Date _____
Parent or Guardian