The Lil' School at St. Bernard's NYS OCFS License # 740283 (ph) 518.524.1421 (fax) 518.751.2277



Physical Location: 63 River Street, Saranac Lake NY 12983 Mailing Address: PO Box 930, Saranac Lake NY 12983

Subsidized Care Agreement

Note that in all sections of this contract, "The Lil' School" will serve as a reference to the corporation The Lil' Early Childhood and Enrichment Program, Inc.

We are so pleased that you have chosen our program to best serve your family's child care needs. The Lil' School firmly believes that affordable, quality child care should be accessible to all families regardless of situation or finances. We proudly take part in the New York State child care subsidy program as a way to help fulfill this vision.

There are some things you should know as a family who participates in the subsidy program and what your obligations are to The Lil' School. First, your family must be approved for subsidized care before starting your child in our program. We will need proof of such approval through either a letter or phone call from the county daycare unit notifying us. Once you are approved, you should remain aware of the following:

- The subsidy program only pays for the amount of weekly tuition that is pre-determined by the county based on household income. It does not pay or reimburse for the security deposit, the annual insurance/registration fee, nor any other supplemental charges or fees associated with our program. The family is responsible for these costs prior to the child entering our care.
- You are responsible for clocking your child(ren) in and out of our program using our database system and/or on our written attendance tracking sheets. This creates a record of care provided by our program which is submitted to the state for approval and payment. If you do not accurately clock/sign your child in/out, the state will not pay for care where attendance wasn't properly logged and you will be responsible for payment of that time.
- Time records for your child(ren) are submitted by the program through either a state-run web portal and/or via hard copy forms which are mailed. We will notify you of the pre-set schedule of due dates for submission based on which county you receive subsidy from. You will be required to review the hours being submitted and sign a verification sheet indicating that you have done so while adhering to the applicable schedule. This must be completed by your pick-up time on the day of submission. PLEASE NOTE- it is not the program's fault if you are not picking up or dropping off your child(ren) on those days. Thus, you will be responsible for ensuring the task is completed.
- The subsidy program only pays the program for the specific amount of time that care is provided. If the amount paid by the state is less than the regular weekly tuition rate, the family will be billed in writing for the remaining balance. The family is responsible for the remaining amount and will have seven (7) calendar days to make full payment to the program of the amount due.

| - | ter or Kinship | Placement Ack | nowledgement | of Understanding and | Policy Agreement |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|------------------------|--------------------------|
| County (please indicate): | Franklin | Clinton | Essex | Other | |
| I, | , the parent/guardian/foster or kinship placement of affirm that I have been fully informed of all The Lil' School's policies | | | | |
| applicable to the NYS Chil | d Care Subsic | ly program. I ac | knowledge that | I am responsible for | any and all additional |
| fees and costs of child care | for my child(| ren) that are not | paid for by the | subsidy program with | hin the timeframe |
| dictated by The Lil' Schoo | l and the coun | ty. I also unders | stand that delay | s and/or neglect of th | e responsibilities |
| explained to me by The Lil | 'School and | outlined above n | nay result in ad | ditional program fees | or even expulsion from |
| the program. Furthermore, | I attest to act | as a team with b | ooth The Lil' So | chool and the NYS Cl | hild Care Division of my |
| county in ensuring that the | child care arr | angement works | efficiently for | all those involved. | |
| | | | | | |

Date

Parent/Guardian/Foster or Kinship Placement Signature