

Child's Name _____ Effective Date: _____ Registration Fee _____
(office use only)

SonShine Child Care Center School Age Fee Agreement
September 1, 2023- August 31, 2024

Daily Rates:

AM and/or PM	\$8.00/half hour
Half Day Rate (Less than 5 hours)	\$16.00/hour
Daily Rate (Days off, snow days, etc.)	\$72.00
School Vacation Weeks	\$310.00

Please write the hours your child will attend SonShine next to each day of the week below following the examples given: 7am→AM BUS or PM Bus→4:30pm or 7am→bus and bus→5pm

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

I understand that my weekly fee will be: _____

If you take your child out for an approved leave there will be a \$100 re-enrollment fee to hold your child's spot. This must be paid in full before your child leaves and is non-refundable. A two-week notice is required upon discontinuing childcare.

Dropping off/picking up earlier or later than what is noted on this form on a temporary basis is permitted with prior approval from office personnel. If you need to do this permanently you need prior approval from the office.

Your agreement with SonShine regarding your need for childcare forms the basis of our commitments to staff. You should understand that you will be charged the full amount in your agreement even if your child is not here.

SonShine is closed thirteen days of the year for holidays and staff training. These are included in your fee and do not reduce the amount for the week in which a holiday occurs. No childcare will be provided those days.

Payment is due Monday of the week of care. Delinquent account of two weeks may result in termination of care. SonShine is open Monday-Friday, 6:30am to 5:30pm. A \$30 fee will be assessed for pick up after 5:30pm and \$10 for each five-minute increment after 5:45pm. Although such a contingency is rare, if SonShine needs to raise rates to meet rising or unforeseen costs, parents will receive two weeks notice.

I have read and understand the terms of the Fee Agreement. I agree to pay the full fee in accordance with the above terms, including late fees when applicable.

(Print Name)

(Signature)

(Clearly enter your email address)

(Today's Date)

If you have any questions please contact Robb Phone: 315-682-2895 Email: robbsonshine@gmail.com