**Next Generation Day Camp & School Age Programs, LLC**

1809 W Atkinson Ave

Milwaukee, WI 53206

414-921-8108

Provider #: 1000589201 Loc #: 002

**Rates Effective January 15th, 2022**

All payments are due on the first of each month. Payments can be made via PayPal, money order, checks, cash app, or any third-party payments such as MyWIShares. There is a two-day grace period. If payments are not made by the 3rd of the month without arrangements with the director there will be late fee applied. **YOU ARE NOT REFUNDED FOR MISSED DAYS. YOU ARE RESPONSIBLE FOR THE DAYS THAT YOU ARE CONTRACTED FOR. BELOW ARE THE RATES. Any changes need to be given a 30 day notice**

**January 1st-December 31st** 3-year old $330/week full time

3-year old $250/week part time

Or $9.00/hr

4-year old $310/week full time

4-year old $200/week 3 days

Or $8.00/hr

5 & 6-year old $310/week full time 5 & 6-year old $200/week 3days

Or $8.00/hr

7-13-year old $270/week full time

7-13-year old $180/week 3 days

Or $7.25/hr

Hours of Care Needed: (Be sure to specify if AM or PM)

|  | Sun | Monday | Tuesday | Wednesday | Thursday | Friday | Sat |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Drop Off | Closed |  |  |  |  |  | Closed |  |
| Pick Up | Closed |  |  |  |  |  | Closed |  |

Please be sure that your child(ren) attends the hours they have listed.  Failure to comply will result in additional fees unless it is approved by the director.  We do round up for hourly payments. Hours of operation are 6:30am-6pm. There IS NO TRANSPORTATION. Please have your children’s school bus to drop off and pick up at camp.

If you receive 3rd party payments, YOU ARE RESPONSIBLE for any portion that is not paid. Please highlight/circle the rate you are agreeing to and sign below. Also, keep a copy for yourself. There is a dollar per minute late fee if you pick up late. Thank you!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Director) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)