

Burrillville Extended Care Program

Division of Burrillville Parks & Recreation

Parent Agreement Contract

2011/2012 School Year

Kindergarten – 5th Grade

P.O. Box 351 Harrisville, RI 02830 * 401-568-1356-phone * 401-568-1357-fax * BEC@Burrillville.org

Forms must be received by August 5, 2011.

Once enrollment has reached the centers capacity, notification will be made that your child has been placed on a waiting list.

This includes all new and existing families.

The 2011/2012 School Year Begins Wednesday August 31, 2011

Start Date: _____ Child's Name _____ Grade _____

Please select which center your child will be attending. * Please note the change of center placement for A.T. Levy students.

_____ W.L. Callahan Center – Children who attend W.L. Callahan, A.T. Levy, Fr. Holland & Community Christian will attend the W.L. Callahan Center, UNLESS they have an older sibling who attends Steere Farm Elementary School.
Bus #10 will transport BEC children to and from the W.L. Callahan Center.

_____ Steere Farm Center – Children who attend Steere Farm Elementary & younger siblings who attend A.T. Levy School.
Bus #8 will transport BEC children to and from the Steere Farm Center

**Please select mornings and/or afternoons needed for the program on the corresponding day
(6:30am-8:30 am & 3:00pm-6:00pm)**

AM: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

PM: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

AM Rate: \$8.00 (6:30am-8:30am) / PM Rate: \$12.00 (3:00pm-6:00pm)

*The tuition for services will be: \$ _____ per week, based on the above schedule.

15% discount will be applied to each additional child's tuition.

If your child requires a flex schedule please attach your schedule and the Office Manager will contact you to discuss how we may be capable of accommodating your request.

- **NEW SCHOOL YEAR FAMILIES:** To secure a space for your child, a non-refundable registration fee and first week's tuition is required. **Registration Fee \$35 per child/ \$50 family maximum for all NEW SCHOOL YEAR CHILDREN ONLY.**
- **New & Existing School Year Families:** An Activity Fee of \$30.00 per child will be due along with the first week's tuition.
- **The Payment Agreement Form outlines your payment options.** Your child's tuition payment will be due no later than the Friday prior to the week of service. Tuition Express is offered as an automated payment option. Tuition payments can be made through your account. (Checking, Savings, Visa, Master Card or Discover Card.) **Signing up for Tuition Express will be required for ALL families in order to register.** If you do not wish to have Tuition Express process your payment automatically simply choose Option III in the Payment Agreement and make your payment by check or cash by the due date. If your check/cash payment is not received we will charge your secondary payment option via Tuition Express. When paying by check, please write your child's name & week of service on the memo portion of your check. When paying by cash please place in a sealed envelope and write your child's name, the amount enclosed and the week of service. A payment drop box is located by the check-in/check-out station at each of our centers. Statements will be distributed monthly as well as yearly for tax purposes.
- Accounts in arrears may be subject to termination and parent/ guardian is responsible for litigation.
- **There will be a \$35.00 charge for all returned checks.**
- **Late departures after closing are subject to a \$10.00 per 5 minute late fee, per child.** After closing, if Burrillville Extended Care is unable to contact you or the emergency contacts provided, local authorities will be called after a reasonable amount of time has passed.

- No child will be cared for when sick with an infectious illness, for the well being of your child, as well as others. Credit cannot be issued for a child who is out sick.
- When terminating a child’s enrollment, a two-week notice, when possible must be given in writing to the Office Manager. If no notice is given, your account will be billed accordingly.
- Vacation Credit-If your child is not attending during school vacation weeks your account will be charged an “On Hold” Fee of \$10.00. If your child is not attending on a scheduled before/after school day(s), your account will be charged your regular weekly tuition. Credit cannot be issued for days missed (vacation, doctor appointments, girl scouts, ect...) during regular school weeks.
- To maintain proper staff/ student ratio, agreed upon dates and times on this contract can only be altered when another contract is completed. If your child will not be attending on their scheduled day the Office Manager must be informed. Burrillville Extended Care is not a department of the Burrillville School Dept. Therefore, it is not the responsibility of the school office to inform Burrillville Extended Care of a child’s absence, early dismissal, or change of schedule. Please call Burrillville Extended Care to report your child absent @ 568-1356 x10.
- Please contact the Office Manager **ASAP** if you need to change any of your personal information or schedule (Examples: emergency person, address, home/work telephone numbers, times, fees, medical info, etc)
- Burrillville Extended Care will be closed all Major Holidays (*see handbook*). You will receive credit for the days in which Burrillville Extended Care is closed.
- Inclement Weather/ School Professional/Holidays Days- Burrillville Extended Care will be closed if school is canceled due to inclement weather or emergency. Burrillville Extended Care will be open full day (6:30am-6:00pm) on school professional days, election days and non-major holidays. Your account will be charged the full day rate of \$30.00 when your child is scheduled to attend on these full days. If your child will not attend on these full days your account will be charged the regular tuition for that day.
- School Delay/Early Dismissal- In the event of a school delay, Burrillville Extended Care will open on time at 6:30 a.m. The children will remain until school begins your account will be billed a \$3.00 school delay fee. If school should be released early due to inclement weather Burrillville Extended Care will remain open for 2 hours after the children are released.
- I hereby release Burrillville Extended Care Division of Burrillville Parks and Recreation, its officers, directors and employees from all liability for injury to my child, in excess of the amount payable under the insurance carried by Burrillville Extended Care.

Burrillville Extended Care programs are designed to enhance and reinforce each stage of your child’s development. If concerns should arise regarding your child’s participation, all parties will reach a solution. Burrillville Extended Care enjoys your child and provides a happy, healthy, educational and enriching environment for them and hopes to meet your expectations. Burrillville Extended Care does not discriminate on the basis of race, sex, color, handicap, religion or national origin. Burrillville Extended Care reserves the right at their sole discretion to refuse an application or dismiss a child from our program.

Parent Signature	Date

<hr style="width: 80%; margin: 0 auto;"/>
Director’s Initials & Date

Burrillville Extended Care Enrollment

Division of Burrillville Parks and Recreation

Mailing Address: P.O. Box 351, Harrisville, RI 02830
(401) 568-1356-Steere Farm Site, (401) 568-1358, (401) 568-1354-Callahan Site, Fax: (401)568-1357
E-mail: BEC@burrillville.org

Today's Date _____ Start Date _____

Child's Name _____ Nickname: _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Child's School _____ Grade _____ Home Telephone # _____

PARENT INFORMATION:

Parent/ Guardian:
Name _____
Address _____
Last 4 digits of SS# _____
Health Insurance _____
Coverage Number _____
Employed By _____
Business Telephone _____
Home Telephone # _____
Cell Telephone # _____
Email Address _____

Parent/ Guardian:
Name _____
Address _____
Last 4 digits of SS# _____
Health Insurance _____
Coverage Number _____
Employed By _____
Business Telephone _____
Home Telephone # _____
Cell Telephone # _____
Email Address _____

PARENT'S AUTHORIZATION OF OTHER PERSON(S) CHILD MAY BE RELEASED TO FOR DEPARTURES AND/OR EMERGENCIES:

(Please note: Photo ID is required for pick up of your child)

❖ Name _____ Address _____
Telephone# _____ City/ Town State Zip
Relation to Child _____

❖ Name _____ Address _____
Telephone# _____ City/ Town State Zip
Relation to Child _____

❖ Name _____ Address _____
Telephone # _____ City/ Town State Zip
Relation to Child _____

Does your child have any special needs? Yes No If so please explain. _____

Does your child have any allergies? If so please list here: _____

Are there any circumstances regarding your child's release? Yes No

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the director. All information will be kept confidential.

PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS

In consideration of the admittance, I _____ hereby authorized Burrillville Extended Care to arrange for medical examination and/or treatment of my child, _____ should and emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the Director to contact me at the emergency numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, take to _____. (*Choice of hospital may be limited by service of local rescue.)

*If your child is presently taking any medications, please list the name of the medication and dosage: _____

(If child will need to take medication while at Burrillville Extended Care, Please request medication form from Director)

Parent Signature

Date

Director's Initials & Date

Burrillville Extended Care Program
Division of Burrillville Parks & Recreation
Parent Authorization

Field Trip Permission: Field trips will be planned as part of the Burrillville Extended Care's Program. This will include walking to nearby areas as well as outdoor activities involving bus transportation. Every possible precaution will be exercised to assure the safety and welfare of your child. However, all authorized agents shall not be responsible, financially or otherwise, should any accidents occur. This checked box gives Burrillville Extended Care staff permission to take your child on any field trips and participate in any special presentations (example: Puppet shows, storytellers, etc.). **If any special circumstances, regarding field trips or presentations, apply to your child please notify your Director in writing immediately.**

Yes No

Hospital/ Emergency Permission: I authorize Burrillville Extended Care to act as the agent of the parents in an emergency situation for the health and welfare of my child. I am responsible for the expenses involved if the service of a physician or hospital is required.

Yes No

Photograph and Video Permission: I give Burrillville Extended Care staff permission to take photographs and/or videos of my child for public relations and/ or marketing purposes. Photos will remain archived at Burrillville Extended Care's Home Office and can be used for promotional purposes without notification.

Yes No

Sunscreen Permission: I give Burrillville Extended Care staff my permission to apply sunscreen to my child.

Yes No

I will supply labeled sunscreen for each of my children enrolled at BEC.

The brand I will provide for my Child's use is: _____

I understand that it is my responsibility to maintain an adequate supply of sunscreen for my child.

I would like Burrillville Extended Care to apply ***Rocky Mountain Sunscreen SPF 70*** to my child for a fee of \$5.00 for the 2011/2012 school year which will be added directly to my account.

Child's Name _____

If you have any concerns about any of the above listed, please make a note here.

Parent Initials & Date

Director's Initials & Date

Burrillville Extended Care Program

Division of Burrillville Parks & Recreation

Payment Agreement

Child's Name: _____

Please select the most convenient payment plan listed below.

If choosing Plan III you MUST provide a secondary payment option.

Payment Plan I-Automatic Bank Draft (weekly draft from checking or savings account)

Print Name on the Account _____ Checking Savings

Authorized Signature _____ Date _____

*Tuition Express Electronic Funds Transfer Authorization Form must be included or on file.

Payment Plan II-Credit Card (weekly charge to credit card)

Type of account to be charged (check one): Visa MasterCard Discover

Name as it appears on the Account _____

Authorized Signature _____ Date _____

*Tuition Express Credit Card Payment Authorization Form must be included or on file.

Payment Plan III-I will pay weekly no later than the Friday prior to the week of service by cash or check.

I understand that if payment is not received by cash or check at that time the pre designated account listed above will be charged.

If choosing Plan III you MUST provide a secondary payment option.

Authorized Signature _____ Date _____

*Tuition Express Credit Card Payment Authorization Form must be included or on file.

Burrillville Extended Care

Division of Burrillville Parks and Recreation

DHS Family Consent Form

This Form is to be filled out by families which receive the child care subsidy from the Dept. of Human Services.
If you do not receive DHS financial assistance you do not need to fill out this form.

If you are unsure if you qualify for this program, please review the guidelines on the back of this form.

For more information or an application for the DHS Child Care Assistance Program, please call the DHS Info Line at
(401) 462-5300. Or visit www.dhs.ri.gov

Today's Date: _____

To Whom It May Concern:

I _____ authorize the Director/ Office Manager of Burrillville Extended Care to advocate on my behalf with Officials at the Rhode Island Department of Human Services.

Further, I authorize the Department of Human Services to release and discuss any and all relevant information about my case with these representatives of the day care.

My child(ren) names: 1. _____
2. _____
3. _____
4. _____

Certificate Number: _____

Please contact me with any questions or concerns.

Parent's signature _____

Parent Name(Please Print) _____

Address _____

City _____ State _____ Zip Code _____

Home telephone # _____ Cell Phone Number _____

Office Manager Initials & Date

**Starting Right Child Care Assistance Program (CCAP)
Family Income and Co-Payment Guidelines**

Income Level	Percent of Income Assigned as Co-payment	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	Family Size 7
0	0	\$14,570	\$18,310	\$22,050	\$25,790	\$29,530	\$33,270
1	2%	\$18,213 CP=\$6 - \$7	\$22,888 CP=\$7 - \$9	\$27,563 CP=\$8 - \$11	\$32,238 CP=\$10 - \$12	\$36,913 CP=\$11 - \$14	\$41,588 CP=\$13 - \$16
2	5%	\$21,855 CP=\$18 - \$21	\$27,465 CP=\$22 - \$26	\$33,075 CP=\$27 - \$32	\$38,685 CP=\$31 - \$37	\$44,295 CP=\$35 - \$43	\$49,905 CP=\$40 - \$48
3	8%	\$26,226 CP=\$34 - \$40	32,958 CP= \$42 - \$51	\$39,690 CP=\$51- \$61	\$46,422 CP=\$60- \$71	\$53,154 CP=\$68- \$82	\$59,886 CP=\$77 - \$92

- Family Size=all the children and all of their parents and all spouses of children's parents living in the same household.
- The amount of money shown in each Income Level is the maximum amount of gross annual income a family can earn in that level.
- CP indicates approximate actual weekly co-payment range for these families at the percent of income indicated.
- The Percent of Income assigned at each level is applied against the gross annual income then divided by fifty two (52 weeks) to determine the co-payment the family is expected to pay each week.
- The co-payment is assigned to the youngest child enrolled in care. DHS subtracts the assigned family co-payment from the full rate for that child when making payments. If the co-payment exceeds the rate paid for one child, the remainder of the family's share is assigned to the next oldest child enrolled.
- If family income or family size changes, the family co-payment is re-calculated.
- The family is expected to make the same weekly co-payment to the designated provider regardless of the number of children or the amount of time enrolled.

Burrillville Extended Care Division

Burrillville Parks & Recreation

2011-2012 Holidays & Vacation Weeks

Full Day Programs will run at the Steere Farm Center for all children.
 Available 6:30 A.M. – 6:00 P.M.
 \$30.00 per child/per day

Monday	September 5, 2011	Labor Day	Closed
Monday	October 10, 2011	Columbus Day	Closed
Friday	November 11, 2011	Veterans Day	Open
Wednesday	November 23, 2011	Staff Development Day	Open
Thursday-Friday	November 24+ 25, 2011	Thanksgiving Break	Closed
Monday-Monday	Dec. 26, 2011-January 2, 2012	Holiday Recess Week	Open
Monday	January 16, 2012	Martin Luther King Jr. Day	Open
M-F	February 20-24, 2012	Winter Recess Week/ Presidents' Day	Open
Friday	April 6, 2012	Good Friday	Open
M-F	April 16-20, 2012	Spring Recess Week	Open
Monday	May 28, 2012	Memorial Day	Closed



ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Routing Transit Number (see sample below)

Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____

Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

