

## 2017 -- 2018 AFTER SCHOOL / BEFORE SCHOOL CARE TUITION RATES

Parents are reminded billing will occur at the beginning of each month for the prior month and payment is due 10 days after receipt of the bill.

### After Care Program (3:00 pm - 6 pm):

#### **Weekly Full-Time participant (11-15 hours)**

\$70.00 Per Week 1st Child  
\$55.00 Per Week 2nd Child  
\$40.00 Per Week 3rd Child

#### **Weekly Part-Time participant (5-10 hours)**

\$55.00 Per Week 1st Child  
\$45.00 Per Week 2nd Child  
\$35.00 Per Week 3rd Child

#### **Hourly/ Drop-In participant (less than 5 hours)**

\$7.00 Per Hour 1st Child  
\$6.00 Per Hour 2nd Child  
\$5.00 Per Hour 3rd Child

### Before School Care (6:30 am-8:20am) 2 hours

#### **Weekly Full-Time participant (8-10 hours)**

\$40.00 Per Week 1<sup>st</sup>  
\$30.00 Per Week 2<sup>nd</sup>  
\$25.00 Per Week 3<sup>rd</sup>

#### **Weekly Part-Time participant (4-7 hours)**

\$30.00 Per Week 1<sup>st</sup>  
\$20.00 Per Week 2<sup>nd</sup>  
\$20.00 Per Week 3<sup>rd</sup>

#### **Hourly/ Drop-In participant (less than 4 hours)**

\$8.00 Per Hour 1<sup>st</sup>  
\$6.00 Per Hour 2<sup>nd</sup>  
\$5.00 Per Child 3<sup>rd</sup>

Additional hourly rate for all children -- \$6.00 per hour if After Care exceeds 15 hour and Before Care exceeds 10 hours.

There will be a \$2.00 per minute charge for each minute a parent is late after the 6:00 pm pick-up time!

***BEFORE CARE MAY BE HELD ON DELAYED OPENINGS. PLEASE LISTEN FOR THE APPROPRIATE ANNOUNCEMENT.***

### Monthly Billing Procedures

1. There is a \$15.00 NON-REFUNDABLE deposit due with registration PER FAMILY each year.
2. Payments should be made to the Oxford Township Board of Education
3. There will be a \$25.00 fee for returned checks
4. **Parents who are 45-60 days past due on their children's bills will be asked to find alternate child-care for their children.**

***I have read the tuition costs and billing procedures as described on this form. By signing this contract, parents/guardians agree to abide by the written policies as stated above.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Oxford Central School – 2017-2018**  
**AFTER SCHOOL/ BEFORE SCHOOL CHILD CARE APPLICATION**  
**(One application is required for each child enrolled)**

**General Information:**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Student Information:**

Allergies, food restrictions, or other information: \_\_\_\_\_

**Alternate Emergency Contact (may sign out child):**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Alternate Sign-Out Contacts (*not contacted in emergency*):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Parent's Signature:**

\_\_\_\_\_  
Parent or Guardian Date

**Principal's Endorsement:**

\_\_\_\_\_  
Principal Date

Registration Fee Paid: \_\_\_\_\_ Yes \_\_\_\_\_ No