

Student's Name: _____

Student's 2007/2008 Grade:

_____ Kinder, _____ 1st, _____ 2nd, _____ 3rd, _____ 4th, _____ 5th, _____ 6th

Monthly Rate Schedules
All Day Kindergarten - 6th Grade
Part Time

Part Time – Any 2 School Days in a Week			
	Before School * 6:30–8:20 a.m.	After School ** 3:15–6:00p.m.	Before and After School ***
September	\$70	\$95	\$125
October	\$75	\$105	\$140
November	\$65	\$75	\$110
December	\$45	\$60	\$75
January	\$80	\$110	\$145
February	\$60	\$85	\$110
March	\$60	\$80	\$105
April	\$80	\$105	\$140
May	\$70	\$100	\$125
June	\$70	\$95	\$125

Parent please choose below:

I need care these 2 days in the week: M _____ T _____ W _____ Th _____ F _____

_____ I understand that the days I choose for care must remain the same from week to week, and for any unused days, credits will not be given, and alternate days may not be substituted.

_____ I understand that I can alter the days I have chosen under special circumstances and will need to contact the BASC Director for approval.

_____ I am only choosing Before School Care for my child.
_____ I am only choosing After School Care for my child.
_____ I am choosing both Before and After School Care for my child.

_____ I understand that there will be no change in rates for months when the BASC program is closed due to weather and/or other unforeseen circumstances

* - Includes Breakfast, ** - Includes Snack, *** - Includes Breakfast and Snack

Monthly Rate Schedules All Day Kindergarten - 6th Grade Part Time

Part Time – Any 3 School Days in a Week			
	Before School * 6:30–8:20 a.m.	After School ** 3:15–6:00p.m.	Before and After School ***
September	\$85	\$120	\$155
October	\$100	\$140	\$180
November	\$60	\$85	\$110
December	\$50	\$70	\$90
January	\$85	\$120	\$155
February	\$75	\$105	\$135
March	\$70	\$95	\$125
April	\$90	\$130	\$165
May	\$85	\$120	\$155
June	\$50	\$70	\$90

Parent please choose below:

I need care these 3 days in the week: M _____ T _____ W _____ Th _____ F _____

_____ I understand that the days I choose for care must remain the same from week to week, and for any unused days, credits will not be given, and alternate days may not be substituted.

_____ I understand that I can alter the days I have chosen under special circumstances and will need to contact the BASC Director for approval.

_____ I am only choosing Before School Care for my child.

_____ I am only choosing After School Care for my child.

_____ I am choosing both Before and After School Care for my child.

_____ I understand that there will be no change in rates for months when the BASC program is closed due to weather and/or other unforeseen circumstances.

* - Includes Breakfast, ** - Includes Snack, *** - Includes Breakfast and Snack

Monthly Rate Schedules
All Day Kindergarten - 6th Grade
Full Time

Full Time – 5 School Days in a Week			
	Before School * 6:30–8:20 a.m.	After School ** 3:15–6:00p.m.	Before and After School ***
September	\$120	\$165	\$215
October	\$135	\$190	\$245
November	\$105	\$140	\$180
December	\$80	\$105	\$135
January	\$135	\$190	\$245
February	\$105	\$150	\$190
March	\$85	\$120	\$160
April	\$135	\$190	\$245
May	\$135	\$190	\$245
June	\$65	\$80	\$100

Parent please choose below:

I am only choosing Before School Care for my child.

I am only choosing After School Care for my child.

I am choosing both Before and After School Care for my child.

I understand that there will be no change in rates for months when the BASC program is closed due to weather and/or other unforeseen circumstances

* - Includes Breakfast, ** - Includes Snack, *** - Includes Breakfast and Snack

Tuition Discount
<p>Parent please initial:</p> <p><input type="checkbox"/> I understand that I will be charged full monthly rates for my youngest child enrolled in the BASC program, and will be given a 10% tuition discount for my 2nd oldest child enrolled in the BASC program, and will be given a 20% tuition discount for my 3rd oldest child enrolled in the BASC program.</p> <p><input type="checkbox"/> I understand that the family tuition discount is <u>only</u> available to families using the BASC or SLC program services <u>5 days a week</u>.</p> <p><input type="checkbox"/> I am taking the ___ (10%) 2nd child, ___ (20%) 3rd child discount.</p>

General Rates, Policies and Fees K-Prep – 6th Grade

Drop-In Care

Parent please choose below:

I am choosing Drop-In care for my child.

Parent please initial:

I understand that I will be charged a rate of \$10 per hour, that charges will be rounded to the hour, and that I will be billed monthly.

I understand that my child will be accepted into BASC Drop-In care only when Drop-In care spots are available.

I understand that I must complete a BASC program registration form/fee, and all required accompanying documents before my child will be accepted for Drop-In care.

Non-School and Early Release Days

Parent please choose:

I am interested in reserving spots on No School days and Early Release days for my child. Please forward to me a No School and Early Release Day Spot Reservation Form.

Parent please initial:

I understand that I will be charged a daily rate of \$35 for No School days and daily rate of \$25 for Early Release days. I understand that these charges will be in addition to the monthly rate or Drop-In rate which I have chosen, and will show up individually on my monthly billing.

I understand if I fail to notify the BASC program 24 hours in advance, either in writing, or by calling 425-226-0820 X440, that I am canceling a reserved spot, I will be charged the daily rate of \$35 for a No School day or the daily rate of \$25 for an Early Release day.

I understand that I can reserve additional spots on No School and Early Release days once the BASC program has received my Spot Reservation Form by notifying the BASC program at least 48 hours in advance by writing or by calling 425-226-0820 X440 and leaving a message.

I understand if my child attends the BASC program on a No School or Early Release day for which I have not made a reservation, that I will be charged the daily rate, as well as the Drop-In rate of \$10 per hour.

I understand that a specific number of children can be accepted for care on each No School and Early Release day, and that spot reservations are accepted on a first come, first served basis. I understand that Spot Reservation Forms are date stamped with the date on which they are received by the BASC program.

I understand that I will be notified if my child will **NOT** be able to attend a No School or Early Release day, for which I have made a reservation, when the maximum number of children has been reached for that specific day.

I understand that I must complete a BASC program registration form/fee, and all required accompanying documents before my child will be accepted for care on a No School or Early Release day.

General Rates, Policies and Fees K-Prep – 6th Grade

Late Pick-up Fee

Parent please initial:

____ I understand if I fail to pick up my child by 6:00 p.m. (or 4:00 p.m. on specific days when the BASC program closes early), that I will be charged a late fee of \$2.00 per minute for the first 15 minutes, and \$1.00 per minute for every minute thereafter, until the time my child is picked up.

____ I understand if I am repeatedly late in picking up my child that I may be asked to find alternative care for my child.

NSF Checks

Parent please initial:

____ I understand that a \$25 service fee will be assessed to each check returned to Renton Christian School for any reason, including NSF, account closed etc. I understand that repeated NSF, account closed, etc. may result in my loss of check acceptance privileges, after which, cash, money order or cashiers check may be required.

____ I understand should it become necessary for Renton Christian School to send my account to collections, that I will be charged for any and all costs incurred in the collection process.

Payment Policy and Late Payment Fee

Parent please initial:

____ I understand that all BASC payments should be made in full by the fifth (5) day of the month. I understand, if payment is not received in the RCS office by the eleventh (11) day of the month, a \$20 late fee will be applied to my account.

____ I understand that repeated late payments may result in my child being denied care by the BASC program.

General Rates, Policies and Fees K-Prep – 6th Grade

Registration Forms and Fee

Parent please initial:

____ I understand that each school year, a non-refundable registration fee of \$50 is required to register my child for the BASC program.

____ I understand that the following packet of forms and information is required in order for my child to be fully registered for the BASC program:

- A 2007-2008 BASC Registration Form and a \$50 check
- A Medical Authorization Form
- A Rates and Financial Policies Agreement Form
- A copy of your child's immunization record (if we do not find a current one in your child's school file)

____ I understand, if my child is absent from the BASC program for two (2) weeks or more without prior notice, that I will be required to re-enroll my child (complete all the forms a second time, and pay an additional \$50 registration fee).

Withdrawal Policy for Part Time and Full Time Services

Parent please initial:

____ I understand that two weeks written notice is required to withdraw my child from the BASC program. I understand if written notice is not received by the BASC program Director that I will be charged my regular rate for the two weeks following the last day my child was in the BASC program.

____ I understand, if my child does not attend the BASC program for two or more weeks without prior notice, the BASC program will assume that my child has been withdrawn, and I will be charged my regular rate for the two week period following the last day my child attended, and my spot may be given to another child.

____ I understand that the Withdrawal Policy only applies to families using the BASC program's Part Time or Full Time services and that it does not apply to parents only using No School, Early Release or Drop-In care.

General Rates, Policies and Fees K-Prep – 6th Grade

BASC Holidays and Early Closure Days

Parent please initial:

____ I understand the BASC program observes the following Holidays:

- November 22 and 23 (Thanksgiving day and the day after)
- December 24 through January 1
- May 26 (Memorial Day)

____ I understand that BASC will close at 4:00 p.m. on December 21 and in May – on the day of the RCS Auction (date to be determined).

Policy Odds and Ends

Parent please initial:

____ I understand that Washington State Law defines a child's stay in child care as eight (8) hours plus a parent's travel time to and from work – for a maximum of ten (10) hours. I understand that this is also the BASC program's policy.

____ I understand that the ten (10) hour maximum includes the time that my child is in the BASC program's care as well as his or her time in school. I agree to pick up my child before he or she has been at RCS for ten (10) hours.

I have read the following documents and will contact the BASC office (425-226-0820 X440) if I have any further questions.

- ____ Parent Handbook – Yellow Binder on BASC Information Table
- ____ Health Policy – Blue Binder on BASC Information Table
- ____ Health Care Guidelines – Blue Binder on BASC Information Table
- ____ Disaster Policy – Black Binder on BASC Information Table
- ____ Pesticide Policy – Green Binder on BASC Information Table

My signature below acknowledges that I have read, and understand the information contained in this Rates and Financial Policies Agreement Form.

Full Signature

Date