

CHILD/REN NAME(S): _____

LOCATION: Stillwater

Please circle the level of service required:

#of Days needed per week	AM & PM Care		AM Care		PM Care	
	One Student	Two Students	One Student	Two Students	One Student	Two Students
1	\$190	\$343	\$116	\$208	\$116	\$208
2	\$282	\$506	\$161	\$289	\$161	\$289
3	\$331	\$595	\$180	\$326	\$180	\$326
4	\$362	\$651	\$201	\$362	\$201	\$362
5	\$454	\$817	\$237	\$426	\$237	\$426

Early Release pay Coverage: Vouchers for service are sold in 7 day blocks for \$105 per student. Prepayment is required.

Late pick-up fee: \$1 per minute. Minimum charge \$15 per student.

Emergency daycare: \$25 per student for each 3 hour block of time.

Payments: Payments are collected September-June and are due on the 5th or the 20th of each month or the closest business day thereof. Direct payment through the ACH process is required unless other arrangements are made with the Business Office.

Financial Responsibility: I accept financial responsibility for payment of services rendered. Non-sufficient fund fees will be assessed if applicable. Students will be dismissed from the program if the current financial obligation is not met. I understand that a two-week written advance notice is required for withdrawal from the program. Please fill out the ACH authorization information listed below.

ACH Authorization

I (we) hereby authorize the Riverview School District to initiate debit entries from my (our) account. Please attach a VOIDED CHECK. If currently paying for daycare with a direct debit, initial here. _____ A voided check would not be necessary.

Select payment date: 5th of each month OR 20th of each month

I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provision of U.S. Law. This authorization is to remain in full force from September thru August, or until written notification of change/termination is received by the Riverview School District.

Parent/Guardian – Please Print

Parent/Guardian – Signature

Date