

## Infant Billing Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian's Name(s) \_\_\_\_\_ PCC ID G#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent #1 PCC Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent #2 Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### Infants – 6 weeks to 12 months

**The Sylvania Child Development Center offers two days a week: Tuesday-Thursday. Three days a week: Monday-Wednesday-Friday. Four days a week: Monday-Thursday. Five days a week: Monday-Friday. This is a full day and half day program.**

**\*Rates listed below are per term.**

*Please Indicate estimated drop-off and pick up times.*

Full Day: 7:30 am- 4:00 pm			Select Option		Select Option
2 days/wk	Tuesday-Thursday	Student: \$1,386	<input type="checkbox"/>	Staff: \$1,826	<input type="checkbox"/>
3 days/wk	Monday-Wednesday-Friday	Student: \$2,079	<input type="checkbox"/>	Staff: \$2,739	<input type="checkbox"/>
4 days/wk	Monday-Thursday	Student: \$2,376	<input type="checkbox"/>	Staff: \$3,344	<input type="checkbox"/>
5 days/wk	Monday-Friday.	Student: \$2,970	<input type="checkbox"/>	Staff: \$4,180	<input type="checkbox"/>

Half Day: 7:30 am-12 pm			Select Option		Select Option
2 days/wk	Tuesday-Thursday	Student: \$704	<input type="checkbox"/>	Staff: \$726	<input type="checkbox"/>
3 days/wk	Monday-Wednesday-Friday	Student: \$1,056	<input type="checkbox"/>	Staff: \$1,089	<input type="checkbox"/>
4 days/wk	Monday-Thursday	Student: \$1,408	<input type="checkbox"/>	Staff: \$1,452	<input type="checkbox"/>
5 days/wk	Monday-Friday.	Student: \$1,760	<input type="checkbox"/>	Staff: \$1,815	<input type="checkbox"/>

**Term Total \$** \_\_\_\_\_

- **Additional fee for late pick up and any additional hours used.**
- Please Note: Parents are responsible for all payment of child care regardless of outside subsidy or assistance. You must have a zero balance by the end of the term in order to register your child for the upcoming term.
- Two weeks **WRITTEN NOTICE** must be given when reducing/increasing hours or withdrawing children from care.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Childcare Tax ID # 93-0575187

The Center staff respect the confidential nature of family and child information. All records and documents concerning individual children are considered confidential and are not shared with representatives of other agencies without written consent from the parent.