



Smiley Faces

Mrs. C. Garcia
Director

POLICY

Child(ren)'s Name

Start Date

ENROLLMENT:

An application along with a non-refundable \$50.00 annual fee must be submitted.

WEEKLY:

Your weekly fee of \$_____ must be paid the Friday before the following week. Weekly fee is due in full even if your child is absent, on vacation, sick, or if there is a holiday, snow day, 1/2 day etc. Cash, check or money order are accepted. There is a \$30.00 charge for returned checks. DSS and all Grants are accepted but parents are responsible for payments whenever payments are not received. DSS parent fee is due on the "first" of each month.

DAYS AND HOURS OF CARE NEEDED:

MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

*Smiley Faces follows the Yonkers Board of Education school calendar. If school is in session, Parents will be notified if program will be closed due to inclement weather.

LATE FEE:

Weekly fee not paid on Friday will accrue a \$5.00 per day late penalty. If your child is not picked up by _____ there will be a \$20.00 late charge "per" child and \$20.00 "per" child per every 15 minutes thereafter due at time of pick-up. Cell phone time will be used.

I have read and understand the policy. It is my responsibility to ensure that the agreement is kept.

Parent's Signature

Date