

**The Buhl Child Development Center
Child Care Fee Agreement
2021-2022**

*All Program Options are minimum of 3 days per week.
*Please Sign Next to the days and option you are choosing.

\$35.00 single registration fee,

\$45.00 multiple registration

Yearly supply fee, \$20.00 PER CHILD (Will be assessed on start date and again January 1 of each year).

Infants 6 weeks-11 months	
Schedule	Rate
3 Days	\$175.00
4 Days	\$200.00
5 Days	\$225.00

*Young & Older Toddlers 12 Months-2 yrs.	
Schedule	Rate
3 Days	\$150.00
4 Days	\$170.00
5 Days	\$190.00

*Preschool Daycare Full Day Only (5+hours) 3yrs-5yrs	
Schedule	Rate
3 Days	\$135.00
4 Days	\$155.00
5 Days	\$175.00

*Preschool Only Option 9am-12:30pm 3-5yrs (Sept-May)	
Schedule	Rate
3-5 Year Olds (3 Days Per Week) MWF	\$105.00
3-5 Year Olds (5 Days Per Week)	\$155.00

- Please note that all fees are to be paid weekly even if the child does not attend.
- Credits are only given with doctor's excuses at the daily rate for the option you choose.
- Vacation time can be given for a Reservation fee of 1/2 price the weekly contract fee. Must miss 1 week or more for reservation fee to be used.

*All CCIS co-pays are to be paid WEEKLY! Failure to pay weekly co-pay will result in report to CCIS and possible loss of funding. **No reservation/sick credit is given on CCIS co-pays as they are due each week attending or not (unless you call CCIS prior to the week absent and suspend your benefits).**

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*School Age Buhl Club –Kindergarten Enrolled-13years	
The Schedule	Rate
PM only Per week	\$75.00
Full Day (more than 5 hours)	\$30.00 per day \$150.00 weekly
Partial Day/Half Day/Tiger Tuesday (less than 5 hours)	\$25.00 per day
o Please note: SACC fees listed are billed EACH week no matter if your child attends the center or not.	

Services to be received: Child Care and academics, between the hours of 6:30am and 6:00pm, meals, nap time, gross motor time: tumble time (toddlers and infants) Tumble time, swimming and dance (preschool) tumble time and swimming (School Age).

Parent's Signature: _____ Date: _____

My CCIS co pay is _____ weekly. I agree to pay this amount on the Monday each week of care for my child(ren). All CCIS co-pays are to be paid WEEKLY! Failure to pay weekly co-pay will result in report to CCIS and possible loss of funding.

Parent Initials: _____

Approximate Daily Arrival Time: _____ Approximate Daily Pick Up Time: _____

DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY

As of _____, the Buhl Child Care Center, agrees to provide child care services to the following named child:

Child's Name: _____ Date of Birth: _____

Approved by: _____ Date: _____

Child's Initial Enrollment Date: _____ Child's Withdrawal Date: _____