



The Coordinated Child Development Program, Inc. (CCDP)

Parent Agreement

- ◆ I have received the Parent Handbook and the program's Health Policy and I understand the policies and requirements contained therein.
 - ✓ **ABSENCE POLICY:** If a child is enrolled in a CCDP program, the entire weekly fee will be charged for each week of enrollment. Parents will not be charged if the center is closed for in-service training, inclement weather or an unforeseen reason on a regular working day. Parents enrolled in full time programs will pay for seven (7) holidays when the center is closed: Christmas, New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the Friday after Thanksgiving. Parents enrolled in before and after school programs that do not offer a summer program (i.e. Red Jacket School's Out) will pay for the five (5) holidays that fall during the school year: Christmas, New Year's Day, Memorial Day, Thanksgiving and the Friday after Thanksgiving. Parents of school age children can sign up for care on full or ½ days when school is not in session. Parents must inform the school age programs if they do or do not need care for those days on provided sign-up sheets. If parents indicate that they do not need care, they will not be charged, but their child will not be able to attend. If parents do sign up for care they will be charged whether their child attends or not. **If parents do not indicate whether or not they need care, they will be charged.**
 - ✓ **PAYMENT POLICY:** Regular payment is due on Friday for care for the following week. Parents who have not paid for care by Friday of the week care has already been given will be charged a \$10.00 late fee. If the back balance is not paid in full by the following Friday or a payment plan has not been agreed upon, the child(ren) will no longer be able to attend the center. Parents who choose to pay tuition every 2 weeks or once a month may do so as long as they are paying for care ahead of when care is given.
 - ✓ **BOUNCED CHECK POLICY:** Any check that is returned from the bank to CCDP, Inc. as non-sufficient funds will incur a \$25.00 fee. A bounced check must be paid in the form of a money order, including the non sufficient funds fee, within 1 week unless an agreement is made in writing for other payment arrangements. If a parent bounces 3 checks within a one year period, CCDP, Inc. will require that the parent pay for their tuition by money order for a minimum of one year. If this is not done the child may be asked to leave the program.
 - ✓ **DEFAULT OF PAYMENT POLICY:** In the event of default of payment by responsible parties or incase of a dispute between client and CCDP, Inc. responsible party or parties will be held responsible for all reasonable collection and attorney fees and expenses.
 - ✓ **LATE CHILD PICKUP POLICY:** There will be a late pickup charge of \$20.00 per family per site for every 15 minutes that their child(ren) are picked up after closing time.
- ◆ It is the parent's responsibility to notify the center immediately of any change of address or telephone number, or any other pertinent information.
- ◆ I understand that if my payments are not kept current my child(ren) may be asked to leave the program.
- ◆ For bookkeeping and security reasons, we require that payment be made by check or money order. Cash will not be accepted.

My regular weekly fee will be _____.

Signature: _____ Date: _____
(Parent/guardian)

Print Name _____



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Annual Household Income Report

I. FAMILY SIZE: Please list all members of your household, related or unrelated, who live with you and who share expenses.

II. HOUSEHOLD INCOME: Please indicate your total household annual income. This includes the income for all members of your household, related or unrelated, who live with you and who share expenses.

Gross Wages (Gross Wages prior to any deductions for medical/dental, 401(k), dependent care, etc.) _____

Child Support _____

Alimony _____

Disability Income (NYS, Insurance, Social Security, etc.) _____

Social Security (Survivor, Dependent, Retirement, etc.) _____

Other Income (Dividends, Interest, Pension, Rental Income, Capital gains, Unemployment insurance, etc.) _____

Total Annual Household Income _____

III. Social Security Numbers:
Parent/Guardian Name: _____ SS# _____

Parent/Guardian Name: _____ SS# _____

IV. CERTIFICATION: I certify that the above information is true, complete and correct. I understand that this information is being given in order for the Coordinated Child Development Program, Inc. to determine scholarship eligibility. I agree to repay all scholarship benefits received due to erroneous or omitted information along with any expenses incurred in the collection of these amounts.

Signature: _____ Date: _____

Please attach page 1 of your most recent year's Federal Income Tax Return for all members of your household. Additional information may be requested to verify the information given above. All information submitted will be held in the strictest of confidence.



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