

**Burrillville Extended Care Program**  
**Division of Burrillville Parks & Recreation**

**Parent Agreement Contract**  
**2010/2011 School Year**

**Kindergarten – 5<sup>th</sup> Grade**

P.O. Box 351 Harrisville, RI 02830 \* 401-568-1356-phone \* 401-568-1357-fax \* BEC@Burrillville.org

**School Begins Wednesday September 1, 2010**

**Once enrollment has reached the centers capacity, notification will be made that your child has been placed on a waiting list.**

**This includes all new and existing families.**

Start Date: \_\_\_\_\_ Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ Site \_\_\_\_\_

- **Please fill in the hours needed for the program on the corresponding day (6:30am-8:30 am & 3:00pm-6:00pm)**

AM: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

PM: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

AM Rate: \$8.00 (6:30am-8:30am) / PM Rate: \$12.00 (3:00pm-6:00pm)

\*The tuition for services will be: \$ \_\_\_\_\_ per week, based on the above schedule.

15% discount will be applied to each additional child's tuition.

If your child requires a flex schedule please attach your schedule and the Office Manager will contact you to discuss how we may be capable of accommodating your request.

- **NEW SCHOOL YEAR FAMILIES:** To secure a space for your child, a non-refundable registration fee and first week's tuition is required. Registration Fee \$35 per child/ \$50 family maximum for all NEW SCHOOL YEAR CHILDREN ONLY.
- **New & Existing School Year Families:** An Activity Fee of \$30.00 per child will be due along with the first week's tuition.
- Tuition is due no later than the Friday before the upcoming week of service. If paying by check, please write your child's name & week of service on the memo portion of your check. If paying by cash please place in a sealed envelope and write your child's name, the amount enclosed and the week of service. A payment drop box is located by the check-in/check-out station at each of our centers. Statements will be distributed monthly as well as yearly for tax purposes.
- Our billing system automatically charges a \$25.00 fee to any account not paid by closing on the Friday prior to the week of service.
- For your convenience you have the option of having your tuition paid automatically through Tuition Express. Please fill out the included Tuition Express Authorization form and return along with your contract.
- Accounts in arrears may be subject to termination and parent/ guardian is responsible for litigation.
- There will be a \$35.00 charge for all returned checks.
- Late departures after closing are subject to a \$10.00 per 5 minute late fee, per child. After closing, if Burrillville Extended Care is unable to contact you or the emergency contacts provided, local authorities will be called after a reasonable amount of time has passed.
- No child will be cared for when sick with an infectious illness, for the well being of your child, as well as others. Credit cannot be issued for a child who is out sick.
- When terminating a child's enrollment, a two-week notice, when possible must be given in writing to the Office Manager. If no notice is given, your account will be billed accordingly.
- Vacation Credit-If your child is not attending during school vacation weeks your account will be charged an "On Hold" Fee of \$10.00. If your child is not attending on a scheduled before/after school day(s), your account will be charged your regular weekly tuition. Credit cannot be issued for days missed (vacation, doctor appointments, girl scouts, ect...) during regular school weeks.
- To maintain proper staff/ student ratio, agreed upon dates and times on this contract can only be altered when another contract is completed. If your child will not be attending on their scheduled day the Office Manager must be informed. Burrillville Extended Care is not a department of the Burrillville School Dept. Therefore, it is not the responsibility of the school office to inform Burrillville Extended Care of a child's absence, early dismissal, or change of schedule. Please call Burrillville Extended Care to report your child absent @ 568-1356 x10.

- Please contact the Office Manager **ASAP** if you need to change any of your personal information or schedule (Examples: emergency person, address, home/work telephone numbers, times, fees, medical info, etc)
- Burrillville Extended Care will be closed all Major Holidays (*see handbook*). You will receive credit for the days in which Burrillville Extended Care is closed.
- Incident Weather/ School Professional/Holidays Days- Burrillville Extended Care will be closed if school is canceled due to incident weather or emergency. Burrillville Extended Care will be open full day (6:30am-6:00pm) on school professional days, election days and non-major holidays. Your account will be charged the full day rate of \$30.00 when your child is scheduled to attend on these full days. If your child will not attend on these full days your account will be charged the regular tuition for that day.
- School Delay/Early Dismissal- In the event of a school delay, Burrillville Extended Care will open on time at 6:30 a.m. The children will remain until school begins your account will be billed a \$3.00 school delay fee. If school should be released early due to incident weather Burrillville Extended Care will remain open for 2 hours after the children are released.
- I hereby release Burrillville Extended Care Division of Burrillville Parks and Recreation, its officers, directors and employees from all liability for injury to my child, in excess of the amount payable under the insurance carried by Burrillville Extended Care.

Burrillville Extended Care programs are designed to enhance and reinforce each stage of your child's development. If concerns should arise regarding your child's participation, all parties will reach a solution. Burrillville Extended Care enjoys your child and provides a happy, healthy, educational and enriching environment for them and hopes to meet your expectations. Burrillville Extended Care does not discriminate on the basis of race, sex, color, handicap, religion or national origin. Burrillville Extended Care reserves the right at their sole discretion to refuse an application or dismiss a child from our program.

<b>Parent Signature</b>	<b>Date</b>

<b>Director's Initials &amp; Date</b>

# Burrillville Extended Care Enrollment

Division of Burrillville Parks and Recreation

Mailing Address: P.O. Box 351, Harrisville, RI 02830  
(401) 568-1356-Steere Farm Site, (401) 568-1358, (401) 568-1354-Callahan Site, Fax: (401)568-1357  
E-mail: [BEC@burrillville.org](mailto:BEC@burrillville.org)

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Child's School \_\_\_\_\_ Grade \_\_\_\_\_ Home Telephone # \_\_\_\_\_

## **PARENT INFORMATION:**

Parent/ Guardian:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Last 4 digits of SS# \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Coverage Number \_\_\_\_\_  
Employed By \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Home Telephone # \_\_\_\_\_  
Cell Telephone # \_\_\_\_\_  
Email Address \_\_\_\_\_

Parent/ Guardian:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Last 4 digits of SS# \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Coverage Number \_\_\_\_\_  
Employed By \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Home Telephone # \_\_\_\_\_  
Cell Telephone # \_\_\_\_\_  
Email Address \_\_\_\_\_

## **PARENT'S AUTHORIZATION OF OTHER PERSON(S) CHILD MAY BE RELEASED TO FOR DEPARTURES AND/OR EMERGENCIES: (Please note: Photo ID is required for pick up of your child)**

❖ Name \_\_\_\_\_ Address \_\_\_\_\_  
License # \_\_\_\_\_ City/ Town State Zip  
Telephone # \_\_\_\_\_ Relation to Child \_\_\_\_\_

❖ Name \_\_\_\_\_ Address \_\_\_\_\_  
License # \_\_\_\_\_ City/ Town State Zip  
Telephone # \_\_\_\_\_ Relation to Child \_\_\_\_\_

❖ Name \_\_\_\_\_ Address \_\_\_\_\_  
License # \_\_\_\_\_ City/ Town State Zip  
Telephone # \_\_\_\_\_ Relation to Child \_\_\_\_\_

Does your child have any special needs? Yes  No  If so please explain. \_\_\_\_\_

Does your child have any allergies? If so please list here: \_\_\_\_\_

Are there any circumstances regarding your child's release? Yes  No

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the director. All information will be kept confidential.

## **PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS**

In consideration of the admittance, I \_\_\_\_\_ hereby authorized Burrillville Extended Care to arrange for medical examination and/or treatment of my child, \_\_\_\_\_ should and emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the Director to contact me at the emergency numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, take to \_\_\_\_\_. (\*Choice of hospital may be limited by service of local rescue.)

\*If your child is presently taking any medications, please list the name of the medication and dosage: \_\_\_\_\_

(If child will need to take medication while at Burrillville Extended Care, Please request medication form from Director)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Initials & Date

**Burrillville Extended Care  
Division of Burrillville Parks & Recreation  
Parent Authorization Page**

**Field Trip Permission:** Field trips will be planned as part of the Burrillville Extended Care's Program. This will include walking to nearby areas as well as outdoor activities involving bus transportation. Every possible precaution will be exercised to assure the safety and welfare of your child. However, all authorized agents shall not be responsible, financially or otherwise, should any accidents occur. This checked box gives Burrillville Extended Care staff permission to take your child on any field trips and participate in any special presentations (example: Puppet shows, storytellers, etc.). **If any special circumstances, regarding field trips or presentations, apply to your child please notify your Director in writing immediately.**

Yes     No

**Hospital/ Emergency Permission:** I authorize Burrillville Extended Care to act as the agent of the parents in an emergency situation for the health and welfare of my child. I am responsible for the expenses involved if the service of a physician or hospital is required.

Yes     No

**Photograph and Video Permission:** I give Burrillville Extended Care staff permission to take photographs and/or videos of my child for public relations and/ or marketing purposes. Photos will remain archived at Burrillville Extended Care's Home Office and can be used for promotional purposes without notification.

Yes     No

**Sunscreen Permission:** I give Burrillville Extended Care staff my permission to apply sunscreen to my child.

Yes     No

I will supply labeled sunscreen for each of my children enrolled at BEC.

The brand I will provide for my Child's use is: \_\_\_\_\_

I understand that it is my responsibility to maintain an adequate supply of sunscreen for my child.

I would like Burrillville Extended Care to apply ***Rocky Mountain Sunscreen SPF 70***

to my child for a fee of \$5.00 for the 2010/2011 school year which will be added directly to my account.

**Child's Name** \_\_\_\_\_

If you have any concerns about any of the above listed, please make a note here.

\_\_\_\_\_  
\_\_\_\_\_

_____ Parent Initials & Date
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_____ Director's Initials & Date
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**Burrillville Extended Care Division  
Burrillville Parks & Recreation**

**Payment Agreement**

Child's Name: \_\_\_\_\_

**Payment Plan I-Automatic Bank Draft (weekly draft from checking or savings account)**

Print Name on the Account \_\_\_\_\_  Checking  Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Tuition Express Electronic Funds Transfer Authorization Form must be included or on file.

**Payment Plan II-Credit Card (weekly charge to credit card)**

Type of account to be charged (check one):  Visa  MasterCard  Discover

Name as it appears on the Account \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Tuition Express Credit Card Payment Authorization Form must be included or on file.

**Payment Plan III-I will pay weekly no later than the Friday prior to the week of service by cash or check.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Reminder: Our billing system automatically charges a \$25.00 fee to any account not paid by closing on the Friday before the upcoming week of service.



ProCare Software

# Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

## For Bank Account Authorization, complete and return to center management

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____			Bank or Credit Union Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

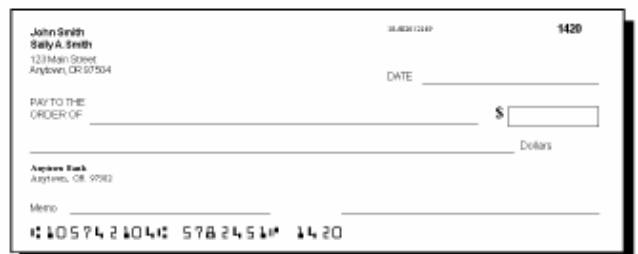
<b>Routing Transit Number</b> (see sample below) _____	<b>Account Number</b> (see sample below) _____
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This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____	Date _____
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number	Account Number	Check Number
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**Please attach a copy of a voided check here. Deposit slips not accepted.**



# Burrillville Extended Care

Division of Burrillville Parks and Recreation

## **DHS Family Consent Form**

This Form is to be filled out by families which receive the child care subsidy from the Dept. of Human Services.  
If you do not receive DHS financial assistance you do not need to fill out this form.

If you are unsure if you qualify for this program, please review the guidelines on the back of this form.

For more information or an application for the DHS Child Care Assistance Program, please call the DHS Info Line at  
(401) 462-5300. Or visit [www.dhs.ri.gov](http://www.dhs.ri.gov)

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I \_\_\_\_\_ authorize the Director/ Office Manager of Burrillville Extended Care to advocate on my behalf with Officials at the Rhode Island Department of Human Services.

Further, I authorize the Department of Human Services to release and discuss any and all relevant information about my case with these representatives of the day care.

My child(ren) names: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Please contact me with any questions or concerns.

Parent's signature \_\_\_\_\_

Parent Name(Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home telephone # \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

\_\_\_\_\_  
Office Manager Initials & Date

**Starting Right Child Care Assistance Program (CCAP)  
Family Income and Co-Payment Guidelines**

Income Level	Percent of Income Assigned as Co-payment	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	Family Size 7
0	0	\$14,570	\$18,310	\$22,050	\$25,790	\$29,530	\$33,270
1	2%	\$18,213 CP=\$6 - \$7	\$22,888 CP=\$7 - \$9	\$27,563 CP=\$8 - \$11	\$32,238 CP=\$10 - \$12	\$36,913 CP=\$11 - \$14	\$41,588 CP=\$13 - \$16
2	5%	\$21,855 CP=\$18 - \$21	\$27,465 CP=\$22 - \$26	\$33,075 CP=\$27 - \$32	\$38,685 CP=\$31 - \$37	\$44,295 CP=\$35 - \$43	\$49,905 CP=\$40 - \$48
3	8%	\$26,226 CP=\$34 - \$40	32,958 CP= \$42 - \$51	\$39,690 CP=\$51- \$61	\$46,422 CP=\$60- \$71	\$53,154 CP=\$68- \$82	\$59,886 CP=\$77 - \$92

- Family Size=all the children and all of their parents and all spouses of children's parents living in the same household.
- The amount of money shown in each Income Level is the maximum amount of gross annual income a family can earn in that level.
- CP indicates approximate actual weekly co-payment range for these families at the percent of income indicated.
- The Percent of Income assigned at each level is applied against the gross annual income then divided by fifty two (52 weeks) to determine the co-payment the family is expected to pay each week.
- The co-payment is assigned to the youngest child enrolled in care. DHS subtracts the assigned family co-payment from the full rate for that child when making payments. If the co-payment exceeds the rate paid for one child, the remainder of the family's share is assigned to the next oldest child enrolled.
- If family income or family size changes, the family co-payment is re-calculated.
- The family is expected to make the same weekly co-payment to the designated provider regardless of the number of children or the amount of time enrolled.

# Burrillville Extended Care Division

## Burrillville Parks & Recreation

### 2010-2011 Holidays & Vacation Weeks

Available 6:30 A.M. – 6:00 P.M.  
\$30.00 per child/per day

Wednesday	September 1, 2010	School Begins	1 <sup>st</sup> – 5 <sup>th</sup> Grades	Open
Thursday	September 2, 2010	School Begins	Kindergarten	Open
<b>Monday</b>	<b>September 6, 2010</b>	<b>Labor Day</b>		<b>Closed</b>
Tuesday	September 14, 2010	Primary Election Day		Open
<b>Monday</b>	<b>October 11, 2010</b>	<b>Columbus Day</b>		<b>Closed</b>
Monday	October 25, 2010	School Staff Development Day		Open
Monday	November 2, 2010	State Election Day		Open
Thursday	November 11, 2010	Veterans Day		Open
<b>Thursday-Friday</b>	<b>November 25+ 26, 2010</b>	<b>Thanksgiving Break</b>		<b>Closed</b>
<b>Friday</b>	<b>December 24, 2010</b>	<b>Christmas Eve</b>		<b>Closed</b>
M – F	December 27-31, 2010	Holiday Vacation Week / New Year's Eve		Open
Monday	January 17, 2011	Martin Luther King Jr. Day		Open
M-F	February 21-24, 2011	Winter Break/ Presidents' Day		Open
M-F	April 18-22, 2011	Spring Break/ Good Friday		Open
<b>Monday</b>	<b>May 30, 2011</b>	<b>Memorial Day</b>		<b>Closed</b>