



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Financial Agreement

Thank you for choosing *Little Dippers Learning Center* for your childcare needs. We greatly appreciate your business and strive to make your families child care experience with us enriching. We are committed to providing your family with the highest standard of childcare. In order to achieve these goals, we need your assistance and understanding of our financial policy. Please read and review the following information carefully.

At a minimum, families are responsible for the hours reserved on their monthly calendar. Final monthly bills will be based upon reserved hours, the daily sign-in sheet (noting any additional hours of service used) and any additional fees incurred from services rendered. Please see the fee schedule for current childcare rates and other center fees.

Skagway Child Care Council reserves the right to adjust fee rates if necessary to cover unexpected costs. Families will be given advance notice before rate changes are implemented.

Accounts are billed within 5 days after the close of the current billing cycle. Accounts must be paid in-full by the 15th of each month. A late fee of 1.5% (min. \$30) will be charged against accounts with outstanding balances on the 16th of each month. Children of families with outstanding balances will be denied service until accounts have been settled.

Skagway Child Care Council reserves the right to deny service indefinitely for families whose accounts are left unpaid for more than two (2) billing cycles. After appropriate effort to notify families has been given, accounts left unpaid for more than six (6) months will be filed for collection through the appropriate legal route.

It is the parent's responsibility to be aware of the current fee schedule as well as center fees and the billing procedure found in the parent handbook.

Families are encouraged to apply for the Child Care Assistance Program to help reduce childcare costs. To learn more, visit <http://dhss.alaska.gov/dpa/Pages/ccare/default.aspx>

I _____ hereby promise to fulfill the financial obligations as described above.

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Parent/Guardian Signature

Date

RECEIPT OF BILL:

_____ I want to receive my billing statements via e-mail, at this address: _____

_____ I want to receive a hard-copy of my bill at the center.