



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.



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Billing Options

PAYMENT CHOICES

- Credit Card Auto Pay*
- Quickbook payment portal included in invoices
- Wells Fargo: Send Money with Zelle**
- Check at the center (**ALL CHECKS MADE TO SKAGWAY CHILD CARE COUNCIL**).

There will be a 4% processing fee for all credit card payments

Cash payment is NOT accepted

***Credit Card Auto Pay**

Please fill out the auto pay authorization sheet attached.

****Wells Fargo "Send Money with Zelle" (formerly known as SurePay)**

Parent pays via direct online transfer from your Wells Fargo account to Little Dippers Wells Fargo Account, with no added transaction fee.

How to setup WF online transfer and pay your bill:

- 1) Log on to your Wells Fargo Account, go to "Transfer and Pay", select "Send Money with Zelle"
- 2) You'll need to add Little Dippers to your list by clicking on "+Add Recipient". Enter the recipient's first and last name (Juliene Miles) and how you want to send money to the recipient: by our Wells Fargo account number (2017207762).
- 3) To pay your bill each month, log onto your Wells Fargo account, go to "Transfer and Pay", select "Send Money with Zelle", select your recipient (Little Dippers), select your From account, and enter the amount you want to send. If you have any questions, feel free to reach out to the bookkeeper at littledippersbilling@gmail.com



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CREDIT CARD AUTO PAY

Little Dippers Learning Center offers the option to pay your bill automatically with your credit card. (MasterCard or Visa only) This application must be filled out completely in order to qualify. We will pre-authorize your credit card to ensure that it is valid. ***All information will be kept confidential.***

There will be a 4% processing fee added to your bill to cover fees and costs.

Name on credit card: _____

Credit card billing address (be sure to include zip code):

Type (visa and mastercard only): _____

Credit card #: _____

Expiration date: _____ CVV (3 digits on back): _____

The billing period ends on the last day of the month, with bills distributed no later than the 5th of each month. Your card will be automatically processed on the 10th of each month. Your credit card statement should show a charge from the Skagway Child Care Council.

_____ Please charge my credit card for all monthly child care bills (with added 4% processing fee).

I have read and agree to the following above policy and procedures.

Parent/Guardian Signature

Date