

ECEC CHILDCARE

FEE SCHEDULE FOR 2019-2020

(A non-refundable deposit fee of \$75.00 is due by June 1st, 2019)

FEES FOR BEFORE SCHOOL CARE: (\$8.75/1.15 hours)

	<u>5 days</u>	<u>4 days</u>	<u>3 days</u>	<u>2 days</u>
<u>Yearly Rate</u>	\$1575.00	\$1260.00	\$945.00	\$630.00
<u>Monthly Rate</u>	\$157.00	\$126.00	\$94.50	\$63.00

FEES FOR AFTER SCHOOL CARE: (\$21.00/ 3 hours)

	<u>5 days</u>	<u>4 days</u>	<u>3 days</u>	<u>2 days</u>
<u>Yearly Rate</u>	\$3780.00	\$3024.00	\$2268.00	\$1512.00
<u>Monthly Rate</u>	\$378.00	\$302.40	\$226.80	\$151.20

Each monthly payment is due prior to the start of the next month. A late fee of \$25.00 may be assessed if the fee is not paid by the 15th of the following month. Payments may be made online or sent to the school made payable to the Dedham Public Schools.

The tuition for the first month is due no later than August 15, 2019.

I hereby agree to pay the ECEC Childcare Program for care for my child:

Name: _____

My child is enrolled _____ days per week. I understand that the fee is based on the number of weeks school is in session per month. I understand that I am responsible to pay for the above number of days whether or not my child attends. I also understand my child will NOT be admitted to the program if payment is not current.

When paying by check, please put child's name in the memo section.

Signature

Date

**DR. THOMAS J. CURRAN EARLY CHILDHOOD EDUCATION CENTER
CHILD CARE
APPLICATION FORM
2019-2020**

Child's Name: _____ Date Of Birth: _____

Address: _____ Phone: _____

Parent Information:

Mother _____ Cell # _____ Work # _____

Father _____ Cell # _____ Work # _____

Siblings in Program: _____

Please state any known allergies/medicines: _____

Before School Program runs from 7:30 – 8:45 am (Please check one)

- OPTION A (5 days) _____ Monday through Friday
OPTION B (4 days) _____ list days needed: _____
OPTION C (3 days) _____ list days needed: _____
OPTION D (2 days) _____ list days needed: _____

After School Program runs from 3:00-6:00 pm (Please check one)

- OPTION A (5 days) _____ Monday through Friday
OPTION B (4 days) _____ list days needed: _____
OPTION C (3 days) _____ list days needed: _____
OPTION D (2 days) _____ list days needed: _____
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If you would like to reserve a place for your child for the 2019-2020 school year, please complete this form and enclose a \$75.00 non refundable registration fee to:

ECEC Childcare
1100 High Street
Dedham, MA 02026

***** The tuition for the first month is due no later than August 15, 2019.**

In the event that the ECEC cannot accommodate all those children interested in attending, we will use the following procedures to determine a waiting list:

Returning children will have 1st priority, including siblings. All remaining, interested children will be placed on a waiting list in the order the applications were received. Placements will be made on a first come, first serve basis.

For more information please feel free to contact Brenda McMurtry at 781-310-8029

To help us know your child, please complete the following questionnaire:

Child's Name: _____

Please list all occupants in your home and their relationship to your child:

How well does your child interact with other children:

Please describe any circumstances regarding your child's physical or emotional status that will help to understand your child better. (fears, life style changes i.e. divorce, separation, recent move, family illness or loss)

Any other notes or concerns:

THANK YOU!!

Dr. Thomas J. Curran Childhood Education Center
Child Care Program

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN #1: _____ CELL _____

HOME ADDRESS: _____

HOME # _____ EMAIL: _____

WORK # _____

PARENT/GUARDIAN #2: _____ CELL _____

HOME ADDRESS: _____

HOME# _____ EMAIL: _____

WORK # _____

ALLERGIES/DIET RESTRICTIONS/REGULAR MEDICATIONS:

EMERGENCY CONTACT IF PARENTS CAN NOT BE REACHED: (MUST BE IN LOCAL PROXIMITY TO THE SCHOOL FOR EASE OF IMMEDIATE PICK-UP.)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE #: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE #: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PICK UP AUTHORIZATION FOR CHILD CARE

*****PLEASE MAKE CERTAIN THERE IS ATLEAST ONE LOCAL CONTACT *****

NAME _____ RELATIONSHIP _____
ADDRESS _____

HOME PHONE _____
CELL PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____

HOME PHONE _____
CELL PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____

HOME PHONE _____
CELL PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____

HOME PHONE _____
CELL PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____

HOME PHONE _____
CELL PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____

HOME PHONE _____
CELL PHONE _____