

Everything You Need to Know About Paying and Saving!

Weekly Fee* Daily Fee

After-School	\$69	\$19
Conference Week	\$10/full day + normal weekly fee**	
Full-Day (Vacation Camps)	\$110	\$33

Need Help Paying for Child Care?

Financial Assistance
Is Available!
Call 841-4800 and ask for
Child Care Assistance

* **All weekly fees include care on school in-service days and some school holidays.**

** **Applies to** schools that schedule three normal days and two days of no school. If children attend only the three normal days, the weekly rate applies. In addition to the normal weekly rate a fee of \$10 per day applies for each full day attended.

☞ To ensure proper credit, please write your child's first and last name on the memo line of your check or money order.

☞ Question? *I signed up for a weekly contract, \$69, but my child was absent two days last week. What do I pay?* Answer: *The charge is still \$69 (a **discount** is built into this weekly fee to compensate for missed time).*

Your weekly **fee stays the same** regardless of attendance unless you change your contract in advance.

Option 1: Daily Contracts: billed on actual attendance. *Best option for "drop-in" or occasional attendance.*

Option 2: Weekly Automatic Contracts: discounted and then billed automatically, regardless of attendance. *Best option for regular, consistent care.*

The weekly rate is discounted to reflect the equivalent of more than one "**free**" day per week. This allows for occasional sick days, national holidays, etc. There is **no additional fee** on weeks with a school holiday in which we provide full day programs – the fee stays the same. There is no discount on weeks with a holiday/snow day during which care is not provided – the fee stays the same. There are no refunds or credits for days missed.

If your child will not attend Children's Choice programs for an entire week, there will be **no charge** if advance notice is given in writing by ☞ e-mail to chelsea@childrens-choice.org. A confirmation from Chelsea is verification of your credit.

You Choose!

KEEP YOUR CASH
Read IMPORTANT details!

☞ **Avoid Late Fees!!!** Pay in advance! Payment is due on Monday for the upcoming week. Don't wait for a "bill." When a bill comes it will be past due and include late fees.

☞ When you registered, you signed either a weekly or daily contract. We charge your account based on that contract. You may be able to **save money** by changing your contract. To change your fee, you must change your

contract in advance.

☞ **Save up to \$52** per year by signing up to use the Automatic Payment Plan (see back of Contract or call us for more information.)

CONTACT INFORMATION

Sara Mestas
Accounts Receivable Manager
Chelsea Ashcraft
Co-Founder/Financial Manager

296-2880

Fax 255-1316

☞ sara@childrens-choice.org

☞ chelsea@childrens-choice.org



When are you

- Monday thru Friday from school release to 6 p.m.
- We provide care from 7 a.m. to 6 p.m. during parent/teacher conference full days, in-service days, vacation breaks, and some holidays!
- Vacation Break Programs will be offered during the winter, spring and summer vacations (locations limited).
- Children's Choice is closed the following days: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and the Day after Thanksgiving, Christmas Eve and Christmas Day. Please note that if these days fall on a weekend, Children's Choice will observe the day on the same day the federal government observes the holiday.
- We are also closed on "snow days."

How much does it

Our goal is the highest possible quality care and enrichment for the lowest possible price.

PRICES

After-School is \$69/wk or \$19/day
Full-Day Vacation Camp is \$110/wk
or \$33/day

Why do you do

Mission Summary

- Facilitating the Positive Development of Children
- Programs that are a Model of Quality
- Training and Developing the Afterschool profession.

How do I Contact

Sites:

Arroyo Del Oso Program Director
Sarah Maddox, **340-9656**

Double Eagle Program Director
Kay Knox, **480-1298**

Zuni Program Director
Annette Mares, **730-2043**

Comanche Program Director
Keegan Mortensen, **730-2411**

Office 296-2880.

Fax 255-1316.

🔗 Internet 🔗

Visit our web page, which links into many resources for parents and children. www.childrens-choice.org

...or e-mail Chelsea at

chelsea@childrens-choice.org

...or e-mail Mike at

ashcraft@childrens-choice.org

facebook

"like" Children's Choice on

twitter

and "follow" Mikeafterschool on



Registration Form

Please complete **BOTH SIDES** of this form.

One Form Per Child

Child's Name: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____ Teacher: _____ School: _____

Parent or Legal Guardian's Name: _____

Mailing Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Employer: _____

E-Mail Address: _____

Parent or Legal Guardian's Name: _____ Mailing Address (if different): _____

Home Phone (if different): _____ Work Phone: _____ Other Phone: _____

Employer: _____

E-Mail Address: _____

How do you wish to be addressed by staff (ex: Mr. Smith, Nancy, Dr. Romero)? _____

Important - State law requires: Two relatives/friends in the area that are authorized to act on your behalf in case you cannot be reached. Name and phone number of child's physician.

Name: _____ Relationship: _____ Address: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

I authorize this person to pick up my child from Children's Choice: **Yes** **No**

Name: _____ Relationship: _____ Address: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

I authorize this person to pick up my child from Children's Choice: **Yes** **No**

Physician that treats your child: Name: _____ Address: _____ Phone: _____

Preferred Hospital: _____ Location: _____

Initial Below: Read Carefully.

_____ I hereby authorize Children's Choice staff to take my child to the aforementioned physician or facility for medical treatment in the event of an emergency in which neither parent nor legal guardian can be reached.

_____ I hereby assume full financial responsibility for any medical attention or treatment provided.

_____ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the aforementioned physician cannot respond.

_____ I hereby authorize Children's Choice staff to transport my child to and from SAC Program site for field trips.

_____ I hereby authorize Children's Choice to allow my child to enter a swimming pool.

_____ I hereby certify that I have received a copy of the parent manual, understand and agree to abide by the policies of Children's Choice as outlined in the parent manual.

_____ I hereby give my permission for my child to be photographed/video taped and for these images to be used in materials produced by Children's Choice. I understand that neither my child's name nor any other identifying information will appear with the images. Further, I understand that neither I nor my child will receive any monetary compensation for the use of these images.

_____ I give my permission for my child to use shared sunscreen. (if this is not initialed, you must bring a bottle of sunscreen labeled with your child's name)

Parent/Legal Guardian Signature

Printed Name

Date

Starting Date of Enrollment

IMPORTANT - PLEASE FILL OUT THE REVERSE SIDE

Child's Name: _____

Does your child currently take any medication? Yes No Type: _____

Does your child have any allergies? Yes No If yes, please indicate: _____

Description of reaction: _____ Care Instructions: _____

Does your child have any type of medical, physical or mental condition? Yes No

If yes please provide the following information. Use an additional sheet of paper if necessary.

Condition: _____ Current Treatment: _____

Frequency: _____

Is your child in a special education program? Yes No

If yes please describe program: _____

In addition to the parents, the following people are authorized to pick up my child from Children's Choice:

Name: _____ Relationship: _____ Home phone: _____ Work phone: _____

Name: _____ Relationship: _____ Home phone: _____ Work phone: _____

Name: _____ Relationship: _____ Home phone: _____ Work phone: _____

Please indicate below the best way for a staff person to reach you to discuss your children. (hours of the day to phone, home or work phone, prefer that we call mother or father, etc.)

Please indicate how you would like to be involved.

____ Program Involvement ____ Parent Involvement Committee ____ Fund Raising ____ Soliciting Donations

____ Teaching Something - Please indicate subject area and type of presentation - _____

____ Hosting a Field Trip to your Work Place - Please indicate location and attraction - _____

____ Other - Please Describe - _____

Please include anything else you feel we should know about your child. (likes/dislikes, special needs, helpful hints, preferred/most successful behavior guidance techniques, social/intellectual/physical goals, etc.)

In case of an unexpected situation where you would need to phone us to authorize a person who is not already on the registration form to pick up your child(ren), we must confirm your identity. Please provide a "code word" that we will ask you to verify in case of such a phone call. Do NOT share this code word with anyone, including your child.

CODE WORD: _____



Thank You. Please ensure that this form is filled out thoroughly!

CONTRACT FOR CHILD CARE

Name of Child: _____ School: _____

The registration fee is \$50/child. Parents may choose a Weekly or a Daily option.

Daily pay arrangements: are billed on actual attendance. Use for “drop-in” or occasional attendance.

Weekly Automatic Contracts: are billed automatically, regardless of attendance. Weeks with holidays/snow days during which care is not provided are not prorated. There are no refunds or credits for days missed. If your child will not attend Children's Choice programs for an entire week, there will be no charge if advance notice is given in writing by e-mail to chelsea@childrens-choice.org. A confirmation from Chelsea is verification of your credit.

PAYMENT POLICIES

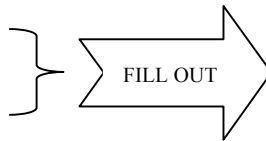
1. Children’s Choice accepts checks, money orders, Visa, MasterCard or Discover Card. We do not accept cash. A discounted, automatic payment option is available. Please see reverse side of this page for details.
2. Payments may be **dropped** in the on-site payment box, or **mailed** to 6501 Lomas Blvd NE, Albuquerque, NM 87110. Official handwritten receipts are available at the program site for parents who need documentation. Statements are inserted in on-site family folders once a month.
3. All accounts must be paid in advance; meaning payment is due on Monday of the week that service is rendered.
4. Accounts that have a balance at least 14 days past due will be charged an administrative fee of \$10 per week for unpaid balances. Children may not participate in any programs if the account balance is \$150 or more.
5. Accounts will be charged a \$20 fee for any check returned for non-sufficient funds or for rejected credit cards.
6. Children must be picked up no later than 6:00 P.M. Parents will be charged \$1.00 per minute, per child for late pick-ups to cover the cost of overtime for staff.
7. All CYFD contract co-pays must be paid by the first week of the month.

I choose the following payment plan: Please see separate Information Sheet for more details and explanations.

Weekly p.m. - \$69 Daily p.m. - \$19; complete box below

Weekly Vacation Camps (Summer, Winter & Spring Camp) - \$110

- CYFD Contract - copay stated on contract
- Staff at school - see Site Director for prices



When will child attend? Check all that apply			
Monday	<input type="checkbox"/> PM	Tuesday	<input type="checkbox"/> PM
		Wednesday	<input type="checkbox"/> PM
Thursday	<input type="checkbox"/> PM	Friday	<input type="checkbox"/> PM

I choose the automatic credit card payment plan – please see reverse side.

RECEIVE \$1/WEEK/CHILD DISCOUNT IF USING AUTOMATIC PAYMENT PLAN!!

I have read, understood & accept the above financial policies. I acknowledge that I am responsible for any outstanding charges upon withdrawal of my child(ren), and that I am responsible for any attorney fees, court costs, late fees, and interest charged during collection of any unpaid balance.

Parent/Legal Guardian Signature

Social Security Number

Date



Not-for-Profit Provider of
School-Age Child Care Services, Staff Training and Consulting
6501 Lomas Blvd NE, Albuquerque NM 87110
(505)-296-2880 e-mail: chelsea@childrens-choice.org
Home page: www.childrens-choice.org



AUTOMATIC PAYMENT OPTION



I authorize Children's Choice Child Care Services, Inc. to charge my Visa/MasterCard/Discover the amount(s) stated below. I understand Children's Choice will only deduct the amount(s) stated below on the said dates. Any other payments will be made on site either by credit card, money order, or check. I agree to pay with money order or check in the event my card is declined. I understand that I can cancel this contract only with written, advance notice.

PLEASE PRINT CLEARLY

CREDIT CARD TYPE: _____ NAME ON CARD: _____

ON CARD _____ EXPIRATION DATE (00/00): _____

BILLING ADDRESS: _____ BILLING ZIP CODE: _____

DATE OF TRANSACTION OPTIONS: *Please Check One*

- Weekly (Will pay for current week) (Must select if on Per Day Fee Contract)
- Monthly (Will pay for current month) (Only available if on Weekly Fee Contract)

PLEASE NOTE:

The current week or month fees (depending on date option chosen above) PLUS outstanding balance on account at time of transaction will be charged to your credit card.

You will receive \$1/week/child discount by signing this automatic payment plan contract.

Your card will need to be imprinted at the site to be kept on file with this form. If the card is rejected, it may be run additional dates. Please call office if you know it will be declined.

I have read, understood & accept the above automatic payment option policies. Please deduct the correct amount from my credit card.

Signature of Credit Card Holder

Date

Phone

CHILD(REN)'S NAME(S) _____ Email: _____

CHILD AND ADULT CARE FOOD PROGRAM
Letter to Households



Instruction: This letter must accompany the Income Eligibility Application

Dear Parent/Guardian or CACFP Participant:

Children's Choice Child Care Services, Inc. participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your family day care center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meal free of charge, but the determination of eligibility category affects the amount of federal funding we receive.

A foster child enrolled in our program that is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center you need to only list the case number sign and date the form. If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center then you need to only list their case number sign and date the form. Otherwise an adult household member must complete form and disclose total current household income by source, and the names of all household members. The person completing the form must sign and provide a social security number and date the form when it was completed.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide your annual income or you may use last year's income if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates.

INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2011 to June 30, 2012)

Household Size	REDUCED PRICE MEALS		
	Year	Month	Week
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
For each additional family member	+7,067	+589	+136

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

The Children, Youth and Families Department/Family Nutrition Bureau is the State Agency administering the Child and Adult Care Food Program in New Mexico, for any program assistance or information concerning the administration of the program, write to CYFD/Family Nutrition Bureau, P.O. Drawer 5160, 1920 Fifth Street, Santa Fe, New Mexico 87502-5160 or call (505) 827-9961, 1-(800) EAT-COOL.

Thank you for your cooperation.

Sponsor/Center Official

Organization

Date



The first day of school for APS is Tuesday, August 16th. Children's Choice will be open at four locations for the in-service on Monday 8/15.

We will provide care 7:00 a.m. to 6:00 p.m. at:

©Bandelier

©Sombra Del Monte

©Zuni

©Arroyo Del Oso

Please call the office to let us know you will need care on this day. If leaving a message, please tell us your child's name and the site. Call **296-2880**.

To ensure that we have your child's registration form at the correct location, we have assigned schools to these four sites. If your child attends school at:

- Bandelier or Manzano Mesa go to Bandelier
- Zuni or Comanche go to Zuni
- Sombra Del Monte or John Baker go to Sombra
- Arroyo Del Oso or Double Eagle go to Arroyo Del Oso
- If your child attends the Zia summer program or attends school at Zia or Sandia Base go to Bandelier

If you have registered for a weekly contract for the school year, Monday is included in the weekly price. If you only need Monday 8/16, or have registered for a daily pay contract the price is \$33 for the day.



Remember your child will need a sack lunch.