

# HCCS BASC PROGRAM WEEKLY ATTENDANCE FORM

Week of: \_\_\_\_\_

Child/Children's Name(s) \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Notes: \_\_\_\_\_

## Rates

**Registration Fee:** \$25.00/student or \$35.00/family per school year (or summer) (Family registration is for siblings only.)

**Rates:** \$5.00/hour per child or \$1.25 prorated at 15 minute intervals

**Payments:** are due every Friday the week before care. Families are asked to keep a positive (or zero) balance in their account. Prompt payment on all negative balances is expected. We reserve the right to deny program attendance for families with excessively negative balances. **Please make checks payable to: GRACE.**

**NSF Fees:** A fee of \$35 will be applied to accounts that come back with non-sufficient funds.

**Late Pick Up Fee:** BASC closes promptly at 5:30 pm. In the event that a child is picked up after closing, you will be assessed a late fee of \$1/minute per child. We reserve the right to deny program attendance for families with habitually late pickups.