SDCCS EDP Addendum for Subsidized Families 2008/2009

YOU NEED TO FILL OUT THIS FORM ONLY IF:

- you are receiving funding from an alternative payment provider

  OR
- if you qualify for Free and Reduced Lunch.

Child(ren)'s Name(s): 1._____2._____
(attending SDCCS EDP)
3._____4._____

Parent's Name(s): _____

_____

Indicate Alternative Payment Provider/Reason for being subsidized:

- ☐ CDA
- ☐ Free or Reduced Lunch
- ☐ County of San Diego
- ☐ Other (specify)_____

Current Family Fee required by Alternative Payment Provider: $_____ per day.

***Monthly Free or Reduced Lunch Fees**

Before and/or After School Care For One Month	$50
Before and/or After Care - 4 DAYS PER WEEK	$40
Before and/or After Care - 3 DAYS PER WEEK	$30
Before and/or After Care - 2 DAYS PER WEEK	$20
Before and/or After Care - 1 DAY PER WEEK	$10
All Drop-Ins	$5
Fee for Late Payment	$15
Fee for Picking up Child Late	$5/15min

Upon this signature, I understand that:

- I must pay all family fees determined by my Alternative Payment Provider so that SDCCS/EDP can be paid.
- I am responsible for signing my child's attendance sheet at the end of every month to assure that payment is received. If I am not presented with the attendance sheet monthly, I will ask the Extended Day Staff about it.
- My provider may reduce the payments to SDCCS/EDP (due to, for example, changes in my work schedule or a reduction in the hours used for child care). In this case, I am responsible for all remaining fees that my Alternative Payment Provider does not provide.
- I must complete a new Addendum for Subsidized Families form should I enroll in a new Alternative Payment Provider Program.
- All rules and regulations for EDP must be adhered to. See the EDP Policies and Procedures Document for detailed information on rules and regulations.

_____

Enrolling Parent/Guardian 1 Signature Date

Name (Print)_____

_____

Enrolling Parent/Guardian 2 Signature Date

Name (Print)_____