

OSCAR SCHOOL YEAR 2009-2010 FEE PAYMENT GUIDELINES

Initial Payment

An Initial Payment of \$150.00 is required for each registered child (a maximum of \$300.00 per family). This amount will be applied towards your childcare fees. See below if you are requesting financial assistance.

Fee Payment Schedule

You will receive an Invoice for the balance of the childcare fees which will include a Schedule of Payments. Your balance will be divided into sixteen (16) payments starting September 15th. Payments will be due the 1st and 15th of every month with the last payment being made May 1st. Payments may be made as follows:

- Credit card payments: made through the district Web Store using Visa or MasterCard. Your student's ID number is required. To make a payment sign on the District website at www.syc427.org. Click on the **Parent Links** section and then select **Web Store**. Select **OSCAR** from the menu and then select **2009-2010 OSCAR Payment**. Follow the instructions for entering student and credit card information. Be sure to print a receipt for your records.
- Check: Make checks payable to the Sycamore School District and mail to OSCAR, Sycamore School District, 245 West Exchange St., Sycamore, IL 60178. Please include your child's name on the check.
- Cash: You may make cash payments at the OSCAR office at the 245 West Exchange Street site, Monday through Friday.

Failure to Pay

Termination of Care Notice will be issued for failure to pay childcare fees.

Late Pick up Fee:

Your child must be picked up by 6:00 pm, or within a half hour of your stated pick-up time, whichever comes first. A \$1.00 per minute fee will be assessed if your child is not picked up by this time.

Financial Assistance

____ I am submitting verification that I have applied for state assistance through 4-C and will submit verification of eligibility by my child's first day of care. I understand I may have co-payments, which must be paid by stated deadlines. **An initial payment of \$50.00 should accompany your application if your approval for state assistance is pending.** This amount will be applied towards your childcare fees.

I have read and understand these fee payment guidelines.

Child's Name _____

Parent's Signature _____ Date _____