



**Conemaugh Valley School Age Child Care**  
 1340 William Penn Avenue  
 Johnstown, PA 15909  
 814-539-0405  
 www.ccdc.us

**Parent/Caregiver (Please Print)** \_\_\_\_\_

Child/Children's Names	Date of Birth	Grade	Start Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Custodial Parent's Work Phone:** \_\_\_\_\_

Weekly Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Conemaugh Valley SACC will provide child care services before and after school, Monday through Friday, 5:45 AM until 6:15 PM. An afternoon snack is provided.

**\*RATE INFORMATION: 5 Hour Minimum applies to each age group**

The minimum fee is billed weekly even if your child does not attend. The Admin Office of Cambria County Child Development Corp must be notified in writing of any changes in care.

<b>Preschool/Head Start:</b>	\$35.00 per week/per child	5 hours per week minimum	Additional hours - \$7.00 per hour
<b>School Age (K-age 13):</b>	\$32.50 per week/per child	5hours per week minimum	Additional hours - \$6.50 per hour
<b>Non School Days:</b>	\$28.50 per 10 hour day / preschool	\$23.50 per 10 hour day / school age	
<b>Occasional Care:</b>	Before/After care - Limited to 1 day per week at hourly rate /per age group		

**\*Additional Charges\***

\*Early Drop off or late pickup – 3.25 per 15 minutes / per child \*Return Checks - \$25.00 plus bank charges

**\*PAYMENT INFORMATION:**

- A security deposit equal to 5 hour minimum for age group and 1<sup>st</sup> week fee per child are **DUE PRIOR** to starting program. (\$35.00 / \$32.50)
- Payments must be made **PRIOR** to using care.
- Schedules are due by Thursday prior to care.
- All payments made through the BRIGHTWHEEL APP or ONLINE with a Credit / Debit Card / Checking Account (ACH)  
\*In person at Cambria County Child Development Corporation Admin Office using Cash or Checks
- **Non – Payment will result in discontinuation of services.**

**Cambria County Child Development Corp.**  
 300 Prave Street  
 Ebensburg, PA 15931  
 814-472-6341 / 536-5443

**Person child may be released to:**  
 Name: \_\_\_\_\_

**Person child may be released to:**  
 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

I, the parent/guardian:

\_\_\_\_\_ Received complete written program information at the time of enrollment.

\_\_\_\_\_ Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.

\_\_\_\_\_  
 Parent Signature Date

\_\_\_\_\_  
 Provider Signature Date

Aug/2018