



West Side School Age Child Care
196 Westgate Drive
Johnstown, PA 15905
814-536-8066
www.cccdc.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					

West Side 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.

Preschool/Head Start:	\$35.00 per week/per child	5 hours per week minimum	Additional hours - \$7.00 per hour
School Age (K-age 13):	\$32.50 per week/per child	5 hours per week minimum	Additional hours - \$6.50 per hour
Occasional Care:	Before/After care - Limited to 1 day per week and availability – billed at the 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 1st 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 to be 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: _____

Address: _____

Address: _____ Phone No. _____

Person child may be released to:

Name: _____

Address: _____

Address: _____ 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