



Cambria County Child Development Corporation
 300 Prave Street, Suite 101, Ebensburg, Pennsylvania 15931
Phone: (814) 472-6341 or 536-5443 **Fax:** (814) 472-6460
 Christina Baughman, Executive Director
 Shasta Wagner, Education Director

Conemaugh Valley /SACC
1340 William Penn Ave.
Johnstown, PA 15906 PH: 814-539-0405

www.cccdc.us

Parent/Caregiver:(PleasePrint) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Custodial Parent's work phone: _____

Childs Name	Date of Birth	Start Date

Weekly Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Conemaugh Valley SACC will provide child care services Monday through Friday, 5:45 AM to start of school and from end of school until 6:15 PM for children from Kindergarten through the age of 13 years of age. Afternoon snack is provided. **Schedules are due by Wednesday prior to care.**

Rate Information: 5 hour minimum per week applies to each age group.

Minimum fee for all age groups is billed weekly even if your child does not attend wvought@cccdc.us or The Administrative office of Cambria County Child Development Corp. must be notified in writing of any change in care.

Change in care forms can found on the CCCDC website at: www.cccdc.us or be picked up at the facility.

Preschool	\$37.50/ week (5 hr. minimum)	\$7.50 per hour/per child for each additional
School Age (K-13)	\$35.00/week (5 hr. minimum)	\$7.00 per hour/per child for each additional

Additional charges: \$10.00 per 15 minutes/per child—Early drop off/late pickup
 \$25.00 plus bank charges- Returned checks

Payment information:

- 1) One week security deposit equal to 5 hour minimum for age group and first week fee per child are DUE PRIOR to starting program (Pre-school/Head start- \$37.50, School age \$35.00)
- 2) All payments can be made through BRIGHTWHEEL with a credit/debit card/checking account (ACH), OR checks or cash can be delivered to the main office at 300 Prave Street, suite 101, Ebensburg, PA 15931. If you have billing questions, please call Wendy Vought at 814-472-6341 ext.26 or email wvought@cccdc.us
- 3) Optional Days- If you choose to sign up for care on “optional days” (Holidays, Act 80 days, etc.) and do not cancel by the survey end date, you WILL be charged the full day rate.
- 4) **NON PAYMENT will result in discontinuation of services.**

Person child may be released to:
 Name _____
 Relationship _____
 Phone # _____

Person child may be released to:
 Name _____
 Relationship _____
 Phone # _____

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