



*Trinity United Methodist Church*  
**Trinity Child Care at Village Gardens**  
 7130 Kentwell Lane • Lincoln, NE 68516 • 402.421.0184  
 www.trinitylincoln.org • childcare@trinitylincoln.org

## 2011 Child Care Fee Schedule

Trinity Child Care is a non-profit mission and outreach program of the Trinity United Methodist Church, which means that the fees cover operating expenses. The budget is based on conservative, projected figures and the fees are set accordingly. We attempt to keep the charges at the lowest possible figure in order to work with a minimum but adequate cash flow.

The Church monitors the budget monthly. If the budget begins to show a deficit within the child care program there will need to be an adjustment in the fees during the year. The fees are as follows:

2011 Full Time Weekly Fees	
<b>6 weeks - 18 months</b>	\$190.00 / week
<b>18 months - 3 years</b>	\$180.00 / week
<b>3 years - Kindergarten</b>	\$164.00 / week
<b>School Age (Summer)</b>	\$133.00 / week

Preschool Monthly Fees	
<b>Monday, Wed., &amp; Friday</b>	\$110.00 / month
<b>Tues. &amp; Thurs.</b>	\$90.00 / month

School Age	
<b>School Age (Summer)</b>	\$133.00 / week

Family Fee - \$120.00 per year*	
<b>*Fee will be prorated depending on start/end date.</b>	

Family Fee - \$120.00 per year*	
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It is a requirement that all fees be paid in advance.

Rates are adjusted yearly to accommodate staff salary adjustments, supplies, and overhead costs.

We are currently contracted with the State of Nebraska – Department of Health and Human Services for children between the ages of 6 weeks and 12 years.





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## Trinity Child Care

### 2011 FEE SCHEDULE AND ENROLLMENT AGREEMENT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- 1.) Client fees are charged on the basis of enrollment, not attendance. The charge remains the same if the child is ill, visiting a relative, or out for any reason, including center closure for holidays, inclement weather or any other reason.
- 2.) When the account is delinquent based on the fee schedule outlined below, TCC shall assess a delinquent fee of \$25 to the client's account, the client notified of such delinquency, and warning given of possible termination of the child's enrollment.
- 3.) When fees are unpaid more than one week past the delinquent due date, the client shall be notified of termination until the payment has been made in full.
- 4.) Payment of fees may be made by cash or check. If TCC has received more than one insufficient fund check from a client, all payments thereafter **must** be made in cash.
- 5.) A late fee of \$5.00 per child will be assessed for every 15 minutes that a child remains at Trinity past 6:00 p.m. This late fee shall be due immediately.
- 6.) A Fee Schedule and Enrollment Agreement must be signed and shall detail the method and timing of future payments. You will not receive a bill when your payment is due. Please pay according to this agreement.
- 7.) Daily absences should be called into the office (421.0184) before 8:00 a.m.
- 8.) Trinity requires a 30 day notice before withdrawing a child from care. Failure to provide the 30 day notice will result in additional charges assessed to the client's account.
- 9.) A year end statement will be provided. Trinity's ID is 62-1474188. Please retain for use of Flex Plan forms.

**Child Care Fee** – Please indicate the timing of your payment. (Options are detailed on back)

- Weekly  
 Bi-Weekly  
 Monthly (Pay by the number of Mondays in the month)

2011 Full Time Weekly Fees	
<b>6 weeks - 18 months</b>	\$190.00 / week
<b>18 months - 3 years</b>	\$180.00 / week
<b>3 years - Kinderg.</b>	\$164.00 / week
<b>School Age (Sum)</b>	\$133.00 / week

**Family Fee** – This amount is prorated based on the Fee Year beginning January 1 and ending December 17. Please indicate the method of your payment:

- Pay \$120 at one time – Due May 1  
 Include an additional \$10 each month with your childcare payment

**Family Fee - \$120.00 per year\***  
 \*Fee will be prorated depending on start/end date.

*All Family Fees shall be paid in full by December 16.*

\_\_\_\_\_  
 Parent/Guardian Signature & Date      Director's Signature & Date



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## **Trinity Child Care**

### Payment Timing Options

**Weekly:** I agree to pay Monday of each week. I understand that fees are past due and delinquent if not received by noon on Tuesday. After noon on Tuesday, a late payment fee of \$25.00 will be assessed to my account. If payment has not been made one week after the delinquency date, my child may be asked to terminate attendance until payment has been made in full.

**Bi-Weekly:** I agree to pay the first Monday of the two-week period. I understand that fees are past due and delinquent if not received by noon on the first Tuesday of the two-week period. After noon on Tuesday, a late payment fee of \$25.00 will be assessed to my account. If payment has not been made one week after the delinquency date, my child may be asked to terminate attendance until payment has been made in full.

**Monthly:** I agree to pay the monthly fee on the first Monday of the month. I understand that fees are past due and delinquent if not received by the 10<sup>th</sup> of the month. After noon on the 11<sup>th</sup> a late payment of fee of \$25.00 will be assessed to my account. If payment has not been made one week after the delinquency date, my child may be asked to terminate attendance until payment has been made in full.