

**ORANGE COUNTY
SCHOOL AGE CHILD CARE PROGRAMS
Summer Status Form**



In order to better serve our families and ensure we are billing correctly, please look over the form below and choose the status that best suits your needs. If you have any questions, please feel free to speak with your Site Director/Manager or Michelle Goodwin, OOO Administrative Assistant, at (540) 672-5484.

Child's Name _____ Site _____

- ***Full-time status is 4-5 days per week and you will be charged regardless of attendance.
- ***Part-time status is 1-3 days per week and you are charged for the days you attend.
- ***Discounts given for multiple children in the same household, as well as for Orange County Government and Orange County Public School Employees. **See parent handbook or Site Director/Manager for prices.**

All Sites:

- Full-time Summer – **County Resident** (\$121.00 per week)
- Drop-in Summer – **County Resident** (\$35.00 per day)
- Full-time Summer – Out-of-County Resident (\$140.00 per week)
- Drop-in Summer – Out-of-County Resident (\$40.00 per day)
- Summer School Full time (\$115.00 per week)***
- Summer School Drop-in (\$26.00 per day) ***

Expected Start
Date:

***Summer school rates are only available for children during the week(s) they are attending the Orange County Summer School Program ONLY

Registration Fee:

- Summer only fee - \$50.00 (covers summer attendance only)
- Year Round fee - \$125.00 (covers one full year of attendance from date of payment)

Please initial that you have read each statement below.

- _____ In order to change your status in the future, you must resubmit this form. *
*Status changes are limited to one (1) time per year unless there is an extenuating circumstance and approved by the OOO Director.
- _____ Please be advised that the Orange County Child Care staff may not waive any fees established by the Orange County Board of Supervisors.
- _____ ALL Child Care balances must remain current and payments are due in **ADVANCE**.
- _____ Drop-in children must pay each day or on the first date of attendance of each week for the entire week.

Parent Signature _____ Date _____

STAFF ONLY: Date Received: _____ Staff Signature: _____