

# Community Youth Care Services, Inc.

Quality Out of School Programs

120-45 235<sup>th</sup> Street, Cambria Heights, NY 11411

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[www.cycsi.org](http://www.cycsi.org)



## 2019/2020 OST Program Payment Schedule

The monthly fee for the Out of School Programs is based on your selection and should be paid over the 10 month school year, September through June. Payments for the first and last months are due upon submission of the registration package. Fees are paid in advance, for example- the fee for November is due at the end of October. Payments can be made online at [www.cycsi.org](http://www.cycsi.org) directly through your bank or with a credit/debit card. A processing fee will be charged for card services.

Based on the schedule below payment of fees will be completed by April 30, 2020.

If you are registering for the program after September 30, 2019 a registration fee of \$50 will be assessed. Please check with the Program Manager for your Payment Schedule.

Participant		Early Childhood Participants Grades Pre-K, K & 1			Current Participants Grades 2, 3, 4, and 5		
Pymnt.	Due Date	Payment Due			Payment Due		
		School Year* & Sum '19	School Year*	Afterschool ONLY	School Year* & Sum '19	School Year*	Afterschool ONLY
1st	<b>Registration Now</b>	\$445	\$305	\$280	\$400	\$281	\$260
	Wednesday, August 28 -Wednesday, September 4, 2019						
2nd	Thursday, September 5, 2019	\$445	\$305	\$280	\$400	\$281	\$260
3rd	Monday, September 30, 2019	\$445	\$305	\$280	\$400	\$281	\$260
4th	Thursday, October 31, 2019	\$445	\$305	\$280	\$400	\$281	\$260
5th	Friday, November 29, 2019	\$445	\$305	\$280	\$400	\$281	\$260
6th	Friday, December 20, 2019	\$445	\$305	\$280	\$400	\$281	\$260
7th	Friday, January 31, 2020	\$445	\$305	\$280	\$400	\$281	\$260
8th	Friday, February 28, 2020	\$445	\$305	\$280	\$400	\$281	\$260
9 <sup>th</sup>	Tuesday, March 31, 2020	\$445	\$305	\$280	\$400	\$281	\$260
10th	Thursday, April 30, 2020	\$445	\$305	\$280	\$400	\$281	\$260

Legend: \*School Year=Afterschool and Winter and Spring Breaks School year:

I hereby acknowledge receipt of the above 2019/20 Payment Schedule. I understand I will be responsible for meeting my obligation as laid out in the said Schedule above. Failure to make scheduled payments or more than one late payment annually can cause my child to be removed from the program. Additionally, I will also be responsible for payment of services received irrespective of whether these services are terminated by CYCSI or I.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_