Dear Parent / Guardi	an,		
registered for the C Care(ELC) and /o	r School Aged Childcare(Registration ID ne Programme Call 2022/2023 in SAC) service. Their place w This in week period.	our Early Learning
registered in this ELC	and/or SAC service over a	week period.	
Signature of Parent/	Guardian:	Date:	
<u>Calendar</u>			
service is closed over		separate letter indicating the days rvice will provide you with a mining	
Deposits and Disco	<u>ounts</u>		
to your normal fee, lamount of the Depart on deposit will be re-	pefore any CCSP Saver Progra etment of Children, Equality, D	ted below. Any discount relevant to mme Funding is applied. If a depolisability, Integration and Youth (Disable been confirmed through the Extra your child.	osit is taken, the ful OCEDIY) funding held
Tick if	Туре	Description	
applicable			
	Discount	10% Sibling disc siblings attend 5 f	count where both
	Deposit	N/A	
are voluntary with of a copy of the DCEC Committee (CCC). If your chosen optional of your do not wish to Please note: You are	ptional charges to you. These ply approved optional extras you wish to avail of any of the extra. avail of any of the optional extras avail of any of the not required or obliged to se	t funded under the CCSP Saver Pr optional extras are very limited ir list available from your local Ci approved extra options, please in tras listed below, please tick here lect any optional extras.	n nature and there in nature and there in ty/County Childcare nitial the box next to
Details of Optional E	xtra Charge		Parent Initials

Service Reference no.: Status: Registered

N/A

Should you, at a	ny time,	wish to	o withdraw	from any	of the	optional	extras	selected,	you	must	provide
the service with	four wee	ks' not	ice.								

the service with roar weeks motice.	
Signature_of Parent/Guardian:	Date:
Fees List:	
Our Fees List below outlines the session types the	at are available within our service and maximum weekly
charge for them under this scheme. The session t	ype(s) that you have requested are ticked in the Fees list
below. This service charges on a weekly	/ monthly basis. Your charge is identified in the
final column and does not include any optional e	xtras you have chosen from the above. This service will
provide you with a minimum 4 week written noti	ce period of our intention to change this.

Please note that your fee is based on CCSP Saver Programme Band Approval. This service might charge you the normal fee until such time as your CCSP Saver Programme eligibility has been approved on the system, at which point you will receive a full refund for any subventions due.

Session	Session Description	Session Type	Number of Days	Normal Fee (before subvention)	Maximum weekly charge			Your Weekly /	
attending					A	AJ	В	D	Monthly Charge (incl. discounts if applicable)
	ELC - Full Day 1-6 Years 7:30 - 17:30	Full Day	5	150	5	70	80	100	
	SAC - Non Term Time 7:30 - 17:30	Full Day	5	150	5	70	80	100	
	SAC - Term Time - Wrap Around - more than 5 hours per day	Full Day	5	106	0	26	36	56	
	SAC - Term Time - Wrap Around - between 3 hours 31 minutes and 5 hours per day	Part Time	5	106	26	26	71	81	
	SAC - Term Time - Wrap Around - between 2 hours 16 minutes and 3 hours 30 minutes per day	Sessional	5	106	61	61	81	89	

For information on the CCSP Saver Programme eligibility please see the 'DCEDIY Rules for CCSP Saver Programme 2022/2023 available on the DCEDIY website: www.gov.ie

Leaving the Service/Transfers:

Should you wish to leave this Service or transfer to the National Childcare Scheme (NCS), you must **give 4 weeks written notice** to the Manager. Patterns of 'non-attendance' may be queried and may result in your CCSP Saver Programme funding being cancelled. Please speak to your Service Manager if for any reason your attendance pattern is not as first registered.

Queries

If you have any queries or wish to discuss any of the above, please contact the Service Manager. Alternatively, you could address queries to your local City/County Childcare Committee (CCC). A list of CCC contact details is available from www.myccc.ie

Service Reference no.: Status: Registered

Please read, sign and date <u>two copies</u> of this letter. Retain one copy and return one copy to the Service Manager. A signed copy will be kept on file for verification purposes during funding compliance visits undertaken by the Scheme Administrator, on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

For Provider Use Only:						
Service Fee (including discounts) €						
Final Fee to Parent/Guardian €						
PARENTAL ACCEPTANCE I have read this letter (and calendar attachment) and understand the following;						
 The days that my child cannot avail of the service i.e. closed days and am aware that this service will give me 4 weeks written notice of any change. I have received a copy of the calendar. 						
2. I will be charged for any <u>optional</u> extras that I have voluntarily chosen and any additions to my fee have been listed in the attached fees list. <u>I must give 4 weeks' written notice to remove an optional extra</u> .						
3. The normal fee, which is listed on my fees list, I would pay for the service if my application for the CCSP Saver Programme is not approved.						
I. The fee, which is listed on my fees list, that I will be paying for my child if my application for the CCSP Saver Programme is approved.						
5. Patterns of non-attendance may result in my CCSP Saver Programme funding being cancelled.						
6. That I must provide 4 weeks written notice if I wish to remove my child from the CCSP Saver Programme in this service or transfer to the NCS.						
Parent/Guardian Signature:						

A signed copy must be kept on our files for verification purposes during funding compliance visits undertaken by the Scheme Administrator, on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

Date:

Service Reference no.: Status: Registered

Yours sincerely,			
Name:	 	-	
Title/Position Held:			

Service Reference no.: Status: Registered