Dear Parent / Guardi	an,		,
Your child		Registration ID	has been
registered for the C Care(ELC) and /or	CSP Saver Programme for th r School Aged Childcare(ne Programme Call 20 SAC) service. Their	22/2023 in our Early Learning place will commence on This means your child is
	and/or SAC service over a		_ '
Signature of Parent/	Guardian:		Date:
<u>Calendar</u>			
service is closed over			ing the days the ELC and/or SAC with a minimum 4 week written
to your normal fee, I amount of the Depar on deposit will be ret	d and discounts offered are list before any CCSP Saver Progra tment of Children, Equality, D turned to you once approval h	mme Funding is applied Disability, Integration are Las been confirmed thr	at relevant to you will be applied d. If a deposit is taken, the full and Youth (DCEDIY) funding held rough the EYP System.
Tick if applicable	deposits/discounts that apply Type	·	Description
	Deposit		CSP deposit required to secure refundable upon registration val
	Discount		cionary discount - staff ers children who attend our es
	Discount		bling discount when 2 children for 5 full days each
are voluntary with o a copy of the DCED	tes or activities, which are not ptional charges to you. These oly approved optional extras you wish to avail of any of the	optional extras are ver list available from yo	SP Saver Programme but which ry limited in nature and there is our local City/County Childcarens, please initial the box next to

Service Reference no.: Status: Registered

If you do not wish to avail of any of the optional extras listed below, please tick here

Please note: You are not required or obliged to select any optional extras.

etails of O	ptional Extra Charg	е						Pai	rent Initials
one									
uld you, a	at any time, wish t	o withdra	w from ar	y of the op	tional	extras	selec	ted, yo	u must prov
service w	rith four weeks' not	tice.							
_	Parent/Guardian:_					Date:_			
ees List:									
	t below outlines th								
	hem under this sche								
	service charges on								
	n and does not inclu			•					
ovide you	with a minimum 4	WEEK WIII	iten notice	period or ot	שוווו וג	iitioii t	o ciiai	ige tills	o.
	that your fee is ba		CD Cover D		2 a a a l		al Th:		
	•			_					_
	mal fee until such t	-		_		_	-	been a	ippi oved oii
stem, at v	vhich point you wil	I receive a	a full refun	d for any su	bventi	ions du	ıe.		
Session	Session Description	Session	Number of	Normal Fee	Ma	ximum w	ım weekly charge		Your Weekl
attending		Туре	Days	(before subvention)	A	AJ	В	D	Monthly Cha (incl. discount
				,					applicable)
	Full Day Care 8-6	Full Day	1	55	26	26	41	45	
	Part Time 9-2	Part Time	1	45	29	29	38	40	
	Sessional 9.30-12.30	Sessional	1	30	21	21	25	26.6	
	Full Day Care 8-6	Full Day	2	100	42	42	72	80	
	Part Time 9-2	Part Time	2	80	48	48	66	70	
	Ture Time 5 2	T die Tille	_			10		,,,	
	Sessional 9.30-12.30	Sessional	2	55	37	37	45	48.2	
	Full Day Care 8-6	Full Day	3	140	53	60	98	110	
	Down Time of 0, 2	Dant Times	2	115	67	67	0.4	100	
	Part Time 9-2	Part Time	3	115	67	67	94	100	
	Sessional 9.30-12.30	Sessional	3	75	48	48	60	64.8	
	Full Day Care 8-6	Full Day	4	175	59	95	119	135	
	Part Time 9-2	Dart Time	4	130	66	66	102	110	
	rait iiiile 9-2	Part Time	4	130	66	66	102	110	
	Sessional 9.30-12.30	Sessional	4	85	49	49	65	71.4	
ш									

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5

145

65

65

110

120

Part Time

Part Time 9-2

		Sessional 9.30-12.30	Sessional	5	95	50	50	70	78
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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 <u>give 4</u> <u>weeks written notice</u> 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

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	€

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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.
- 4. 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 <u>4 weeks written notice if I wish to remove my child from the CCSP Saver Programme</u> in this service or transfer to the NCS.

	Parent/Guardian Signature:
	Date:
t	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).
Υ	ours sincerely,
١	Name:
T	Title/Position Held:

Service Reference no.: Status: Registered