

Illinois Central College Faculty & Student Schedule and Billing Form

Child's Name _____ *Date of Birth* _____

Parent's Name _____ *E-Mail* _____

ICC ID Number _____ *Phone number* _____

Address _____

Please mark the items below that apply to your child's needs:

_____ *Full day room* _____ *Hourly room* _____ *Perley Center*

_____ *I will be paying for child care.* _____ *An outside agency will pay. (Please Circle One.)
Loan/Grant/Child Care Connection/DCFS*

Please fill in the times your child will be in the center:

Monday _____ *to* _____

Tuesday _____ *to* _____

Wednesday _____ *to* _____

Thursday _____ *to* _____

Friday _____ *to* _____

I understand that all schedule changes differing from those listed above, are to be in writing and approved by the Child Center Manager. I am also aware that I will be billed for the days and times I have listed above. If I need to remove my child from the center, I will complete a "Removal Form" to discontinue the billing process.

The undersigned agrees that he/she hereby individually obligates him/herself to pay the account in accordance with the regular rates and terms of Illinois Central College. If I am an ICC employee and my bill becomes overdue, I hereby authorize the accounting office to withhold wages until childcare bill is paid. Should the account be referred to a collection agency/attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expenses. All delinquent accounts bear interest at the legal rate.

I certify that I have read and do understand the aforementioned procedures and promise to pay the total fees by the due date.

Signature

Date