

# Notes from the Accountant's Office



Dear parents,

Here are a few things you might like to know about ARK billing. More details can be found in your handbook.

- ARK rates:

5 days/week- \$339/month, 3 days/week- \$200/month, 2 days/week- \$136/month

Outdoor ARK rates:

5 days/week- \$375/month, 3 days/week- \$236/month, 2 days/week- \$172/month

- There is a \$20 fee for making changes to your registration (either which days your child attends or how many days your child attends).
- All Day ARK costs an additional \$20/day.
- Some Fun Clubs include an additional fee which will be added to your bill. Your signature will be required to sign your child up for that Fun Club.
- There is a charge for late pickups (after 5:30).
- Payments are due by the 15th of each month. There is a fee for late payments.
- There are No Refunds for non-attendance.
- Your bill will be prorated ONLY for Christmas Break (while KBM is closed) and Spring Break. There is a separate fee if your child attends ARK Spring Break.
- We require 2 weeks notice prior to unenrollment.

Please feel free to call us at 486-4126 or  
email Helen at [accounting@kodiakbaptistmission.org](mailto:accounting@kodiakbaptistmission.org) or  
Ellamy at [ark@kodiakbaptistmission.org](mailto:ark@kodiakbaptistmission.org) with any questions!

# Childcare Payment Contract

I, \_\_\_\_\_, understand that when registering my child in the programs provided by the Kodiak Baptist Mission, I am responsible to pay the full amount owed for my child's care. If my child leaves or graduates from a program at Kodiak Baptist Mission, I am still responsible to pay any bills that have accrued throughout my child's time in the Kodiak Baptist Mission. I understand that I will continue to receive statements and bills that require action until my account is paid in full.

If I receive a scholarship or childcare assistance from the state of Alaska or KANA, it is my responsibility to pay the co-payment and remainder of the bill after the childcare assistance has provided their calculated amount.

I would like the bill for (child's name) \_\_\_\_\_ to be (check one)  
\_\_\_\_\_ left for me in the sign out book  
\_\_\_\_\_ mailed to me at \_\_\_\_\_  
\_\_\_\_\_ emailed to me at \_\_\_\_\_

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

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