

HBM Youth & Nutrition Program

POWERED BY HEALING THE BREACH MINISTRIES

FINANCIAL AGREEMENT & TEXAS WORKFORCE COMMISSION (TWC) POLICIES

Parent Packet — Please Read Carefully Before Signing

1. PRIVATE PAY TUITIONS AND FEES

▪ Weekly Tuition

Tuition is billed every Monday via automatic ACH or credit card authorization. Private pay rates are fixed weekly fees; no credits or refunds are issued for student absences, illness, or school holidays.

▪ Late Pickup Fee

Our after-school program closes promptly at 6:00 PM. A late pickup fee of **\$1.00 per minute per child** will be assessed starting at 6:01 PM and must be paid before the child can return to the program.

2. TEXAS WORKFORCE COMMISSION (TWC) / CCS SUBSIDY REQUIREMENTS

The HBM Youth & Nutrition Program proudly accepts child care financial assistance through Workforce Solutions Greater Dallas. To maintain your child's subsidized enrollment slot, parents must strictly adhere to the following state-mandated guidelines:

▪ Parent Share of Cost (PSOC)

Your monthly PSOC is determined directly by TWC based on your household income. This fee is mandatory and represents your portion of the childcare cost.

- PSOC payments are due to our front office on the **1st business day of each month**.
- Per Texas Administrative Code, failure to pay your PSOC on time will result in the **immediate termination** of your child care subsidy slot and notification will be sent to the TWC caseworker.

▪ **Daily Attendance & TWC Swiping/Pinning**

Parents are legally required to record their child's daily attendance using the state-designated attendance system (e.g., the Texas Child Care Connection Portal or designated tracking card).

- You must check your child in **and** out every single day they attend.
- Failure to record attendance accurately results in non-payment from the state. Unrecorded days will be billed directly to the parent at our standard private-pay daily rate.

ABSENCE CAPS — IMPORTANT NOTICE

TWC strictly limits the number of unexcused absences a child may have per year (typically **40 DAYS PER ROLLING CALENDAR YEAR**

). If your child exceeds the state allowable absence threshold, TWC will terminate your child's subsidy funding and the family will be responsible for the full private-pay weekly rate to retain the enrollment slot.

PARENT ACKNOWLEDGEMENT & SIGNATURE

I have read, understood, and agree to abide by the financial, private pay, and TWC/PSOC guidelines outlined above. I understand that failure to pay fees or record daily attendance will result in immediate disenrollment from the HBM Youth & Nutrition Program.

PARENT / GUARDIAN SIGNATURE

DATE

PRINTED NAME

CHILD'S FULL NAME
