

2018-2019 BAC Billing Chart

Full Time Payment Options			Part Time (up to 3 days per week)		
Before Care	Yearly	Monthly (10 months)	P/T Before Care	Yearly	Monthly (10 months)
Full	360.00	36.00	Full	220.00	22.00
Reduced	250.00	25.00	Reduced	180.00	18.00
Free	110.00	11.00	Free	100.00	10.00
BC Drop In Fee 5.00					
After Care	Yearly	Monthly (10 months)	P/T After Care	Yearly	Monthly (10 months)
Full	1,430.00	143.00	Full	860.00	86.00
Reduced	430.00	43.00	Reduced	290.00	29.00
Free	250.00	25.00	Free	180.00	18.00
AC Drop In Fee 15.00					
Before & After	Yearly	Monthly (10 months)	P/T BAC Payment	Yearly	Monthly (10 months)
Full	1,790.00	179.00	Full	1,080.00	108.00
Reduced	680.00	68.00	Reduced	470.00	47.00
Free	360.00	36.00	Free	280.00	28.00
1/2Day Drop In Fee 25.00					

2018-2019 BAC Billing Chart Sibling Discount

Full Time Payment Options			Part Time (up to 3 days per week)		
Before Care	Yearly	Monthly (10 months)	P/T Before Care	Yearly	Monthly (10 months)
Full	216	21.60	Full	132	13.20
Reduced	150	15	Reduced	108	10.80
Free	66	6.60	Free	60	6
BC Drop In Fee 5.00					
After Care	Yearly	Monthly (10 months)	P/T After Care	Yearly	Monthly (10 months)
Full	858	85.80	Full	516	51.60
Reduced	258	25.80	Reduced	174	17.40
Free	150	15	Free	108	10.80
AC Drop In Fee 15.00					
Before & After	Yearly	Monthly (10 months)	P/T BAC Payment	Yearly	Monthly (10 months)
Full	1,074	107.40	Full	648	64.80
Reduced	408	40.80	Reduced	282	28.20
Free	216	21.60	Free	168	16.80
1/2Day Drop In Fee 25.00					