

# Benefit Eligible MercyOne/Trinity Health Colleague Rainbow Room Rate Sheet

\* Benefit eligible is any MercyOne/Trinity Health colleague who is budgeted to work 32 hours or more per pay period.

Child's Name: \_\_\_\_\_

School age programming (children 6-9 years 11 months) policies will apply. Please see the parent handbook for policy details.

**I am enrolling my child for the following:** (Please choose the best options for your family.)

1. \_\_\_\_\_ **School Age Program:**  
School Year -No Minimum, includes non-school days & breaks.  
No Before & After Care  
Summer -15-hour minimum charge per pay period/per child.
2. \_\_\_\_\_ **Before and After Care Program (this includes children signed up for bussing):**  
Before & After Care-6-hour minimum per pay period/per child.  
No delayed starts M-TH.

**Full time** = 32+ hrs. per child, per pay period

**Part time** = less than 32 hrs. per child, per pay period

FT/PT rates are automatically adjusted each pay period based on hours attended.

\$55.00/annual enrollment fee/per child

Rainbow Room:

Full Time \$4.77/hour

Part Time \$5.28/hour

## **Discounts:**

- ALL rates above are discounted off the Non-MercyOne/Trinity Health, Non-Benefit eligible employee rates.
- Benefit eligible Full time and Part time MercyOne/Trinity Health colleagues may apply for discounted rates by completing a Tuition Assistance application located on-line.
- A 5% discount will apply to families with 2 or more children who attend bi-weekly, year-round.
- All meals are included in the price.

Please initial **ALL** appropriate statements below.

\_\_\_\_\_ I understand that there will be an annual enrollment fee charged every August/September, as described above. There are no refunds either partial or complete for this enrollment fee.

\_\_\_\_\_ If applicable, I authorize Mercy to payroll deduct all childcare expenses at the above indicated rates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Date