



Rate Agreement and Contract

Child's name _____	Birth date _____
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Hours of Operation

Regular operating hours are **Monday through Friday from 6:00 a.m. to 6:00 p.m.** except closings for various holidays and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures. The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced through text message to parents using available contact information. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Information & Consent Form*, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of Week	Start Time	AM/PM	End Time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion).

- Starting on _____, a weekly fee of \$ _____ (base tuition) is due. Initial: _____
- Tuition is due and payable in advance (by midnight on Friday) for services to be rendered to receive an early pay discount of \$3.00 per day per child. The base tuition is due beginning at 12:01 a.m. Saturday and thereafter without discount. Discount will be reflected on your bill for the following week. _____
- A late fee of **5%** is due if tuition is not received by midnight on Wednesday during the week that services are provided and will be applied to the entire balance due as of Thursday at 12:01 a.m. This fee will be added to your bill the following week. _____
- Tuition is not subject to any credits for holidays, emergency closures (i.e. weather) or absence other than hospitalization, contagious illness or absence at the request of a doctor (a written doctor's note is required for a credit to be posted). _____
- I agree to pay the full tuition fee even if my child is absent for one or more days. _____
- A non-refundable registration fee of **\$60.00** is due upon enrollment. _____
- A late pick-up fee of **\$1.00** per minute per child is due if my child is not picked up before closing. _____
- If tuition is not paid by the end of the week of service, I understand that my child may not be permitted to return the following week and a face-to-face meeting between both parents and the board may be required. _____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required. _____
- All NSF checks or returned online transactions will be charged a fee of \$25.00. Two or more returned payments will result in my account being placed on a "cash or money order only" payment status. _____
- A receipt for income tax purposes will be provided. _____

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial: _____

Media Release

Occasionally, photos and videos will be taken of the children at the center for use with our program. Please indicate that you authorize the use and reproduction of photographs and videos of your child in conjunction with the program. Initial: _____

Parent initial _____ Staff initial _____ Date _____



Other Agreements *(continued)*

Child's name	Birth date
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Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. **Initial:** _____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. **Initial:** _____

I understand that it is my responsibility to go directly to the director with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. _____

Information contained in the **Family Handbook** may be subject to change. _____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement* and the *Family Handbook*.

Primary Parent/Guardian/Sponsor Signature _____ Date _____ Center Staff Signature _____ Date _____