



**Letter of Payment Agreement  
Between Parents/Legal Guardians and Children's Learning Paradise**

I \_\_\_\_\_ Agree to pay \$ \_\_\_\_\_ to Children's Learning Paradise for  
*Parent's Name* *Service Fee*  
weekly care of my son/daughter \_\_\_\_\_ .  
*Child's Name*

I agree to pay every Friday for the following week's service and understand that a late Fee of \$30.00 per week will be assessed upon late receipt of payment.

I /we understand the payment policy and agree with the conditions stated.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Parent's Signature

**Picture/Video authorization to Children's Learning Paradise**

I \_\_\_\_\_ Agree to give permission to Children's Learning Paradise to  
*Parent's Name*  
take pictures and or video of my son/daughter/children \_\_\_\_\_ .  
*Child/Children's Name*

I understand that the pictures/video may be used for display in the childcare and/or for marketing purposes such as, but not limited to, childrenslearningparadise.com and Facebook during my child's enrollment and thereafter.

I /we understand the picture/video authorization policy and agree with the conditions stated.

\_\_\_\_\_

Parent's Signature

Date:

\_\_\_\_\_

Parent's Signature

Date: