

Fee Agreement Form

Child's Name: _____

Monthly Fee: \$ _____

Name of Payer: _____

**I, _____, have read the fee schedule and policies regarding payment in the Parent Handbook. I am aware that I must pay a non-refundable application fee of \$100 as well as an annual program fee of \$150. Monthly fees are payable on the first of the month with a grace period of 10 days. A late fee of \$30 will be billed after that time. I understand that failure to pay fees and repeated late payments may result in the termination of my child's enrollment at Holy Family Children's Center. I agree to notify the Director in writing if I wish to withdraw my child from the program, providing 30 days' notice.

I am also aware that I am expected to pay for all holidays and school closings listed on the school calendar, as well as for personal or vacation time away from the school. Additionally, parents are required to complete 10 hours of service per family, per school year. Families that are unable to fulfill the service hours will be charged \$30 per unaccomplished hour, with a maximum charge of \$300 for the school year. **

Signature of Payer: _____

Date: _____

Signature of Director: _____

Date: _____