

Bright Eyes Child Care Center, Inc.

40 Katrina Falls Rd

Rock Hill, New York 12775

Phone (845) 720-5014

**Financial Contract**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s start date at Bright Eyes Child Care Center, Inc. is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The approximate hours my child will arrive and depart from the center \_\_\_\_\_\_ AM to \_\_\_\_\_ PM.**

Bright Eyes is open from 7:00am to 5:30pm Monday through Friday. Bright Eyes closes for Federal Holidays during the year and two professional staff development days, as well as in declared States of Emergency or in circumstances beyond our control. Tuition is due regardless of closures based on snow days, illnesses, holidays, or emergency closures. You are granted two vacation weeks per year at 50% tuition to hold your child’s space.

A registration fee of $75.00 is required to register to enroll your child in the center. Registration fee is nonrefundable. A late fee of $20.00 per 15 minutes will be added to your bill if you pick your child up after 5:30pm.

This contract is between Bright Eyes Child Care Center, Inc. and you, the parent(s) or guardian(s) of the child receiving services and is in effect until terminated by either the Center or by the parents. With the exception of extenuating circumstances, you are asked to provide us with two weeks written notice of your decision to leave the center.

Tuition payments are due through the last date of attendance. If you remove your child from the Center without prior notice, you will be responsible for 2 weeks of tuition.

***Tuition fees are subject to change with prior notice.***

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| --- | --- | --- | --- | --- | --- |
| Please Circle the Needed Services and indicate Infant, Toddler, Pre-School, or School Age | Infant8 weeksto18 months | Toddler18 monthsTo2.9 years | Pre-School3 yearsto4 years | School Age(Summer Program)5 yearsto10 years | Please check all days needed.Monday Tuesday Wednesday Thursday Friday |
| All day for 5 days | $1250.00 | $1105.00 | $1000.00 | $850.00 |  |  |  |  |  |  |  |  |  |
| All day for 4 days | $1050.00 | $1045.00 | $810.00 | $750.00 |  |  |  |  |  |  |  |  |  |
| All day for 3 days | $950.00 | $890.00 | $620.00 | $750.00 |  |  |  |  |  |  |  |  |  |
| All day for 2 days | $850.00 | $660.00 | $430.00 | $750.00 |  |  |  |  |  |  |  |  |  |
| School Age AM/PM | n/a | n/a | n/a  | $400.00 |  |  |  |  |  |  |  |  |  |
| Extra Day (Holiday/Snow Day) | n/a | n/a | n/a | $75.00 |  |  |  |  |  |  |  |  |  |
| School Vacation Week(Spring/Winter) | n/a | n/a | n/a | $300.00 |  |  |  |  |  |  |  |  |  |

I acknowledge my obligation and agree to pay Bright Eyes Child Care Center, Inc., the tuition required for the selected program my child will participate in. I understand that tuition is due in advance of my child’s scheduled attendance. And that my account is required to be kept up to date to avoid termination of services from the Center. I further understand that all payments are final and non-refundable.

I agree to the terms and conditions set forth in this contract.

Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to pay this tuition Monthly (tuition due in full at the beginning of the month)

 Weekly (tuition broken down by number of weeks)

 (due at the beginning of each week)

 Self-pay Third-party payments (Subsidy, etc.)

(Effective 1/18/23)