

PARENT / EDUCATOR AGREEMENT & CONTRACT

Program Name:

Uxbridge Early Learning Adventures
111A South Main Street Uxbridge, MA 01569

Typical Hours:

7:00am-5:30pm

Rates:

Infants/Toddlers 6 weeks to 2.9 years ~ \$85 per day, \$425 per week

Preschool 2.9-Gr. K ~ \$75 per day, \$375

Registration (enrollment fee) is \$30 per child (voucher subsidy exempt)

Late Tuition Fee \$30 (tuition is due by noon on Friday's the week PRIOR to services)

Bounced/Returned Check Fees \$30 (after two bounced checks ~ cash only)

\$2 per minute Late Pick-Up Fee (for every minute after closing time)

Name of child:

D.O. B

As accurately as possible, write estimated drop off/pick up time:

(M)_____ (T)_____ (W)_____ (Th)_____ (F)_____

Daily Rate: _____ Weekly Rate: _____ Please Circle: Private Pay / Voucher

Requested Start Date: _____

A non-refundable first week's tuition and registration fees due upon enrollment *Written two weeks' notice to withdraw required & paid in full at time of notice* *Tuition due by noon on Fridays the week before care*

By signing I agree to and attest that I have read, in its entirety, the *Uxbridge Early Learning Adventures Handbook* which contains pertinent information on the program and its policies and procedures.

I have no questions on any of the material and fully understand the contract in which I am signing for care for my child.

Checks made payable to: *Uxbridge Early Learning Adventures*

Parent Signature:

Date:

