

Fee Agreement

Child's Name First Middle Last

Parent/Guardian Name First Middle Last

Parent/Guardian Name First Middle Last

Contact Information for Responsible Party

Name of Responsible Party First Middle Last

Street Address Apt/#

City State Zip Code Home Phone Mobile Phone

Days and Times of care

Check days of care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival Time					
Departure Time					

Fee Schedule

Fee: \$	Day/Date payment due:
per: <input type="checkbox"/> Week <input type="checkbox"/> Month	Source of Payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (Specify):
Overtime Rate: \$ per	Late Fee: \$ per
Security Deposit: \$	Other Fees: \$ Description:

Please initial on each line to show that you have read and understand each statement:

- I have read, understand, and agree to comply with the terms of this Fee Agreement as stipulated.
- I agree to promptly notify the Director of any changes of the above information.
- I understand that tuition is charged based on enrollment, not based on attendance. No refunds or credits will be issued for absenteeism, scheduled school holidays, child illness, or for closings due to emergency situations, inclement weather or acts of God.
- I understand that non-payment of tuition is grounds for immediate dismissal from Masterminds Daycare. Timely payments are essential for continued enrollment.
- I understand that it is my responsibility to contact the Director if I anticipate difficulty with paying on time.
- I understand that in the event that I wish to withdraw my child, for any reason, without giving written two week notice will result in non-refunding of any unused tuition and security deposit.
- (If applicable) I agree, as a parent/guardian of a subsidized child, to pay the copay on Monday of each week. I am aware that non-payments will be reported to our CCIS office.
- (If applicable) I agree, as a parent/guardian of a subsidized child, to complete all required paperwork time to continue enrollment at Masterminds Daycare.
- (If applicable) I agree to be personally responsible for the payment of tuition, in the event my child becomes ineligible to receive child care subsidies.

Parent/Guardian Signature Date	Parent/Guardian Signature Date
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