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| **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 | Primary Phone | Email |
| Days and Times of Care |
| Check days of Care | * Monday
 | * Tuesday
 | * Wednesday
 | * Thursday
 | * Friday
 |
| Arrival Time |  |  |  |  |  |
| Departure Time |  |  |  |  |  |
| Type of Care | * Preschool
 | * Drop-In
 | * After School
 |
| Fee: $Per:  | Day/Date payment due: |
| Auto bill pay enrolled: |
| Overtime Rate $ per | Late Fee $ per |
|  | Other Fees $ reason |
| 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 this 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 Around the Clock Childcare  Center. 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 I wish to withdraw my child, for any reason, without giving written two week notice will result in non-refunding of any unused tuition or deposits.  |
| Parent/Guardian Signature Date | Director Signature Date |