**Right At H****me Preschool**

**Waived Fees Form** Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_

Please read each policy stated below and sign. Form will be placed in your file until needed.

**Over Time Fee**

Each year beginning in January, your account is eligible for one (1) fee waiver for the first incident of late pickup any time after closing. The waived amount cannot exceed $10 for the incident. This form is to log the fee as waived.

If the waiver isn’t applicable, it will not roll over into the following year. This cannot be used to cover any delinquent payments. Depending on your enrollment date, your option of use may not be available until the following January.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Date used | Time of Pickup | Amount waived | Rashawn’s initials | Parent’s initials |
| 1 |  |  |  |  |  |

**Late Payment Fee**

Each year beginning in January, your account is eligible for a fee waiver for the first incident of the late payment. The waived amount cannot exceed $10 for the incident. This form is to log when the fee is waived.

If the waiver isn’t applicable, it will not roll over into the following year. This cannot be used to cover any delinquent payments. Depending on your enrollment date, your option of use may not be available until the following January.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Original payment date | Anticipated date of payment | Date credited | Amount waived | Rashawn’s initials | Parent’s initials |
| 1 |  |  |  |  |  |  |

By signing this form I’ve fully read and understand this policy. If payment is not made as instructed above, it may result to termination of my child care services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date