

**PARENT AGREEMENT**

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Agreement Start Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Email: \_\_\_\_\_

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

Drop In: Yes ( ) No ( ) Classroom/Program: \_\_\_\_\_ (All program changes require a two week written notice)

Child's Scheduled Days/Hours: Mon: \_\_\_\_\_ - \_\_\_\_\_ Tue: \_\_\_\_\_ - \_\_\_\_\_ Wed: \_\_\_\_\_ - \_\_\_\_\_ Thur: \_\_\_\_\_ - \_\_\_\_\_ Fri: \_\_\_\_\_ - \_\_\_\_\_

I agree to pay a registration fee **(non-refundable) of \$55.00** per child **\$110 per family** at the time of enrollment and each new school year thereafter to continue to have my child enrolled in the center .

I agree to pay **2 weeks tuition (non-refundable)** at the time of enrollment. This will be applied to the first and last week of enrollment.

I agree that my regular weekly tuition for the hours and program listed above is \$ \_\_\_\_\_ per day/week/month Date: \_\_\_\_\_.

I understand that I am approved for child care services by ODJFS. My weekly co-pay is \$ \_\_\_\_\_ per week as of Date: \_\_\_\_\_.

I understand if I become ineligible for services at any time I will be responsible for the full tuition amount due. I agree to abide by all of the ODJFS rules and guidelines. **Parent Initial** \_\_\_\_\_. My weekly co-pay is due on Monday for the current week. Payments not received on Monday by 6.00 p.m. will receive a **\$10 per business day late fee**. If the payment is not received by the 10 business day services will be terminated and your case worker will be notified.

Copays are due each week you are enrolled regardless of if you are in attendance or not.

Part time enrollment through ODJFS will be accommodated before or after 12:30 pm or up to 3 full days not exceeding PT hours.

I understand that a multi child discount of 5% will be given off my oldest child's tuition if I have more than one child currently enrolled in the center. My current Multi Child Discount will be: \$ \_\_\_\_\_ Date: \_\_\_\_\_.

I understand that if I am currently employed at The Child Garden Centers I may be eligible for an employee discount. My current Employee Discount will be: \$ \_\_\_\_\_ Date: \_\_\_\_\_.

I am currently employed at: \_\_\_\_\_ Date: \_\_\_\_\_.

I understand I will receive a 10% discount off tuition prepaid for the half year or full year term. My prepayment discount will be \$ \_\_\_\_\_ Date: \_\_\_\_\_.

I understand that for additional days and hours of care there will be additional charges outside of my regular tuition.

I understand that additional field trip or optional program fees may apply.

I understand that if I fill out an automatic payment form that allows my tuition to be charged to my debit card or bank account as outlined in the automatic payment form that I will receive a 5% discount off my oldest child's tuition. (please now complete the automatic credit card payment form and attach). This can be used for frequency up to monthly. My current Automatic Payment Discount will be: \$ \_\_\_\_\_ Date: \_\_\_\_\_.

I agree to make tuition payments on or prior to the current Monday by 6:00P.M.. There will be a **\$10.00 late charge per day** for all payments received after 6:00 p.m. on Monday. Your child will not be able to attend at 2 weeks of non -payment.

**I agree to pay the current net tuition due of \$ \_\_\_\_\_ per day/week/month Date: \_\_\_\_\_.**

**(Amount due weekly after valid discounts are applied) Payments accepted: Check - Money Order - ACH or Debit (Visa/MasterCard)**

I understand that **fees are based on enrollment not attendance**. I will be responsible to pay the contracted rate/copay whether or not my child is in attendance. This includes days the center is closed.

**The full week is charged when a holiday or closing occurs during the week.**

I understand that families enrolled in any day care program who are not in attendance for a full week will pay half the contracted weekly rate to hold their space. Extended absence of one week or more must be submitted in writing.

I understand a written **two week notice** is required upon disenrollment from the center and that tuition will be due during this time.

I understand that the center will be open whenever possible but should a close be absolutely necessary it will be announced on local television/radio station and on Facebook (See Parent Handbook).

I understand the centers hours of operation. I agree to pay a late pick up fee of **\$5.00** per each (5) 5 minutes per child after closing.

I agree to pay a returned check fee of **\$40.00** and the center will then have the option to refuse any future personal check.

I agree to pay redeposit fee and decline fees of \$15per occurrence.

Legal authorities may be contacted for children left at the center more than one hour after closing time (See Parent Handbook).

This agreement is subject to change in whole or in part by the center with two weeks notice.

**Director/Administrator Printed Name:** \_\_\_\_\_ **Director/Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Printed Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby grant permission for my child to use all of the play equipment and participate in all activities of the center. Including neighborhood walks and field trips. I understand that it is my responsibility to pay any and all costs of medical care for my child should an emergency arise. Additionally, participating in child care comes with risks including being exposed to communicable disease. Parents and guardians are responsible for all medical cost that might be incurred do to their child contracting any type of communicable disease while at The Child Garden. TCG cannot guarantee the absence of communicable disease.

TCG will make every effort to stop the spread of communicable disease.

**I hereby state that my child, \_\_\_\_\_, is covered by medical insurance.**

**Name of company:** \_\_\_\_\_ **Policy or Identification Number:** \_\_\_\_\_.

**Parent Printed Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

I have received, read, and understand the information in the Parent Handbook and agree to abide by the information in it's entirety.

**Parent Printed Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

**(I was referred to this center by: \_\_\_\_\_ . Initial: \_\_\_\_\_ Date: \_\_\_\_\_**