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 $75 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 **last week/month tuition (non-refundable)** at the time of enrollment. This will be applied to the last week/month of enrollment.

I understand an automatic payment form must be completed upon enrollment and maintained during my families enrollment. Payments will be processed through Tuition Express. Payments can be made using the ProCare app or at MyProcare.com. Tuition will be charged to the account on file each week. Contacted days must be 2-5 days per week.

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. If the payment is not received by the 10th 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.
Part time enrollment through ODJFS will be accommodated before or after12:30 pm or up to 3 full days not exceeding PT hours.

I understand a multi child discount of 15% will be applied to the oldest children enrolled after the full price is paid for the 1st full time (4 or 5 day) enrolled child for a contracted family. Drop ins are not eligible.
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**: $_____ Date:_____** . I am currently employed at:_____ **Date:_____.**
I will receive a 10% discount off tuition prepaid for the half or full year term. My prepayment discount will be **$_____ 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.
Drop in enrollment must be paid at the time of request/reservation.

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: Automatic Payment through Procare.
I understand that **fees are based on enrollment not attendance for contracted days.**
I will be responsible to pay the contracted rate/copay whether or not my child is in attendance.
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 $1.00 per each (1) 1 minutes per child starting at the 6th minute after closing plus a $15 late pick up fee. The fee must be paid for the family to return to care the following day.
I agree to pay a returned payment fee of $40.00 and the center will then have the option to disenroll a family after the 3rd returned payment in 1 calendar year. Declines and returns must be paid within the week they were processed to continue enrollment.
Legal authorities may be contacted for children left at the center more than one hour after closing time.
This agreement is subject to change in whole or in part by the center with two weeks notice.

Director/Admin. Printed Name:_____ Director/Admin. 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.

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:_____