

PARENT AGREEMENT

Child's Name: _____ Child's Birth Date: _____ Start Date: _____

Parent's Name: _____ S.S.#: _____ Email: _____

Address: _____

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 \$45.00 per child \$90 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 6.30 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.

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 understand that if I am currently *employed by the local school , police dept. or fire dept., military active service or veteran, I will receive 5% off my oldest child's tuition. My current 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 6:30P.M.. There will be a \$10.00 late charge per day for all payments received after 6:30 p.m. on Monday.

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 full 5 day per week program will receive 10 days per year vacation at the time of enrollment and each new school year thereafter. Vacation days may not be carried over from one year to another. This time may be used to waive tuition when your child will not be in attendance. Vacation days must be submitted in writing.

*Summer only program enrollees are not eligible for vacation days.

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 designated hours of operation. I agree to pay a late pick up fee of \$5.00 per each (10) ten minutes per child after closing time.

I agree to pay a returned check fee of \$35.00 and the center will then have the option to refuse any future personal check.

I agree to pay redeposit fee and decline fees of \$12 per 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. 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 contained in the Parent Handbook and agree to abide by the information in it's entirety.

Parent Printed Name: _____ Parent Signature: _____ Date: _____

The Child Garden Child Care and Learning Centers 8/2018

Revised 8/18

(I was referred to this center by: _____ Initial: _____ Date: _____

(I would like to enroll in an ABC Mouse Subscription for the price of \$ _____ per month. Initial: _____ Date: _____