

FAMILY:



INITIAL / UPDATE

DATE:

Tuition Agreement

As the parent/guardian responsible for tuition payment for _____, I/we understand that the weekly tuition for my child/ren is due on the Friday BEFORE each week of care.

Weekly Cost of Childcare

A weekly rate of tuition will be charged for my full time or part time child/ren. This rate will be charged *regardless* of my child's attendance and is due in advance by the Friday *before* each week of care. I understand a \$5.00 late charge will be applied to my account if my payment is late and that after two weeks overdue, my children may not return until the bill is *paid in full*.

Scheduled Hours

The schedule will be the following days and hours. If the schedule changes, a new form must be completed and the schedule agreed upon. I understand that these times are only an estimate of my child/ren's needs, but are given in good faith so that staffing may be coordinated to allow for my child/ren. My contracted days and estimated hours are as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time (est.)					
Pick Up Time (est.)					

I understand that I will be billed a late fee of \$1/minute if I pick up my child after 6:00 pm. I understand that repeated offences may result in my child's enrollment being terminated.

Part-time attendees may request to add or switch a day due to a special situation or occasion. Paid holidays where the program is closed are not eligible to be switched. The director reserves the right to deny any schedule change requests according to the program's current enrollment. Any permanent change in scheduled days requires a new form to be completed and agreed upon.

Child's Name: _____ Age: _____ Enrollment Type: F/T 2 Days 3 Days Enrollment Fee: _____

Child's Name: _____ Age: _____ Enrollment Type: F/T 2 Days 3 Days Supply Fee: _____

Child's Name: _____ Age: _____ Enrollment Type: F/T 2 Days 3 Days Total Tuition (Regular): _____

Child's Name: _____ Age: _____ Enrollment Type: F/T 2 Days 3 Days Discount Receiving: _____

Child's Name: _____ Age: _____ Enrollment Type: F/T 2 Days 3 Days *Weekly Total Tuition Due: _____

FOR NEW FAMILIES: The above highlighted fees are due upon my child's enrollment into the Learning Tree Program.

CCDF: Voucher Subsidy: _____/wk Voucher Co-Pay: _____ Over-Rate: _____ Total Tuition: _____/wk
I understand if I do not properly clock my child/ren in/out for their minimum, CCDF will only pay one half of my voucher amount. I am then responsible for any unpaid tuition.

Payments will be made _____ weekly _____ biweekly _____ other:
by Fridays before care is given. I understand that if my weekly payment is not received by Monday for that week of care, a \$5 fee will be added to my balance.

I agree that in the event of default in payment, reasonable collection fees up to fifty (50%) percent of the delinquent balance and reasonable attorney fees shall be added to the amount due on the account, plus any applicable court costs. I agree to provide a two week written notice before my child is withdrawn from the program. If I do not give a written notice, I understand I will be billed for the two weeks after my child stops attending. I have read and understand all tuition responsibilities, and furthermore agree to be financially responsible (all financially responsible parties must sign):

Parent/Guardian Name: _____ Relationship to child: _____
Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to child: _____
Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to child: _____
Signature: _____ Date: _____