

PAYMENT AGREEMENT

Child's Name: _____

This is to verify that I have read the Parent Handbook provided to me and any questions that I may have had have been adequately answered.

I understand that a \$50.00 registration fee and the first week tuition of \$_____ is due prior to my child's admission.

I understand tuition is paid even on days they are not in attendance, ex: sickness, holidays, vacation, etc.

I understand that the weekly tuition due will be \$_____ per week and is to be paid **Friday prior to the next week's admittance**. There is a **\$5 per day late fee** if not paid on time.

I understand that during the trial period I may choose to terminate this contract however the registration fee will not be refunded. The trial period will end on _____ after which two weeks notice will need to be given for termination.

I also understand that any unpaid balance may be turned over for collection and reported to the Credit Bureau.

Parent Name: _____
(Please print)

Social Security Number: _____ D.O.B: _____

Driver's License #: _____ State: _____

Parent Signature: _____
Date

Director Signature: _____

CCS PAYMENT AGREEMENT

Child's Name: _____

This is to verify that I have read the Parent Handbook provided to me and any questions that I may have had have been adequately answered.

I understand that I am responsible for the **CCS daily rate differential** of (circle one)

\$5.37 – Infant 1-12mos **\$3.37-Infant 13-17mos** **\$3.27 – Toddler 18-35mos** **\$3.39-3yr old** **\$2.39 – Preschool**

I also understand that my parent co-pay of \$_____ is due by the 5th of each month and non-payment may result in termination of care

Parent Name: _____
(Please print)

Social Security Number: _____ D.O.B: _____

Driver's License #: _____ State: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____