

## Child Care Contract September 1, 2020 - August 31, 2021

My/Our child \_\_\_\_\_ is enrolled at Early Impressions Preschool and Childcare Center. I/We agree to pay the fee of \_\_\_\_\_ per week, per this contract. I understand that if another agency such as DHS or Childcare Network does not cover this fee, I am responsible for the balance.

I/We agree to abide by the following payment option for the length of this contract. (Initial payment option)

**Payment Schedule:** Payments are due, as per your contract, regardless of a child's absence for any reason. These include: child illness, family illness, vacation, doctor appointments, etc. Parents may choose from one of the two following payment options:

\_\_\_\_\_ **Option A:** A one-week payment is due the Friday before the week begins. Payments received after noon on Monday will be charged a \$20 late fee.

\_\_\_\_\_ **Option B:** Two-week payments are due the Friday before the two-week period begins. Payments received after noon on Monday will be charged a \$20 late fee.

**Weekly Schedule:**

M T W Th F Time \_\_\_\_\_ to \_\_\_\_\_

I/We agree to pay any additional charges incurred, based on the current fee schedule, beyond the amount indicated by the contract at the time they

occur.

I/We understand that payment is due in full and based on the payment schedule above regardless of my child's absence for any reason.

I/We understand and agree to pay the additional fees that will be charged for late payment and for my child being cared for after regular center hours.

I/We understand that this contract is binding regardless of changes in center, staff, programming or facility renovations.

I/We agree to give Two Weeks Written Notice, to request a cancellation of this contract. I/We agree to pay an additional two weeks tuition at the current fee schedule if I/we fail to complete this contract.

By signing this contract, I/we agree that I/we have read the parent handbook and will abide by all policies and procedures therein.

I/We agree to pay all outstanding charges in full prior to the child's last day of enrollment. Delinquent accounts will be charged a monthly late fee per the current fee schedule rate. Delinquent accounts for non-attending student will be turned over to collections six weeks after the final date of attendance.

I/We agree to provide a nutritious lunch for my child every day they are in attendance unless they are enrolled in the GSRP program and lunch is provided.

I/We agree to provide my child with appropriate clothing for weather conditions everyday they are in attendance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_