



Child Care Schedule, Payment & Fee Agreement

Payments are due each Friday for the upcoming week's tuition. If your child is not scheduled for care on Friday's, payment will be due on the last day he or she is cared for during the week. The center accepts checks, money orders ACH (checking account debit) and online credit card. A 2% convenience charge will be charged for credit card payments. A late fee of \$5 per day will accrue. Suspension will take place if payment is 2 weeks past due.

I, _____ and _____,
Parent or Guardian Parent or Guardian

agree to pay \$ _____ per _____, due on _____, for
 child care as scheduled below to Bright Beginnings Early Learning Center LLC.
Provider's name

Additional fees agreed upon:

- 1) **Late Fee** In the event my child or children are cared for at times additional to those scheduled, I agree to pay an additional \$5 per teacher, per child plus \$1 each additional minute per teacher per child.
- 2) **Registration** \$50.00 per child (\$25.00 per additional child).
- 3) **Returned Check Fee** \$25.00

I understand I will be expected to pay the costs of regular child care whether my child or children are in care or not to hold the slot(s) in my provider's business. Yes/No, initial _____

This will include my child's or family sick time. Yes / No initial _____

Overdue accounts may be referred to a collection agency an outstanding balance past due 60 days. In addition to the principle obligation, you will also be responsible for a collection fee equal to 33 and 1/3% of the principle obligation". Any fees associated with a collection will be the responsibility of the Parent/Guardian that is signing this enrollment agreement.

I agree to give my provider **2 weeks written notice** for vacation days, and for termination of services. If a two-week written notice is not received, tuition charges and fees will still be due regardless of child's attendance. No credit will be given in mid-month withdrawal

from the program whether your child will be present during the final weeks of school or not.

My provider agrees to give me **30 day written** notice before any change is made to charges or fees, and will provide me with a new Agreement in the event of a change.

Child Care Schedule:

Child #1 Name _____

Days & hours _____

Child #2 Name _____

Days & hours _____

Child #3 Name _____

Days & hours _____

I have read and will comply with this contract. I understand this is a guaranteed rate and includes full payment for holidays, with no credit for absent or sick days or closures. I have received and will follow Bright Beginnings Early Learning Center's policies and procedures listed in the parent handbook.

Parent's Names

Parent's Signatures

Date

Provider's Name

Provider's Signature

Date