



Tuition Agreement

Child's/Children's Name(s): _____

Tuition Payment Policy: Tuition is due on the first day of the week that your child attends. You are required to pay tuition even if your child is absent. Full tuition is collected regardless of absences due to illness, vacations or snow closure days. The only exception to this is if your child is out for two weeks or longer, in which case you may pay a new registration fee and re-enroll in the program if there is an opening. A \$10 late fee will be assessed to all payments made after the first day of the week your child attends the center, and \$10 per day thereafter. Should an account balance become 15 days past due the student will be asked to withdraw. Any past due balances will be reported to credit agencies at the discretion of the Center.

Returned Check Policy: I understand that if my check is returned, I must pay a \$25.00 Returned Check Fee to God's Little Treasures Childcare. I understand the Center has the right to request cash only payments due to one or more returned checks.

Late Child Pick-Up Policy: The Center closes at 6 p.m. If you find that you will be later than 6 p.m., please call the Center as soon as possible. There is a \$5.00 after the first minute and an additional \$5.00 for every five minutes late fee due in cash for any child picked up after 6 p.m. The fee for late pick up must be made before the next time you drop off your child at the Center.

Withdrawal Policy: I also understand that I am required to give two weeks' notice should I choose to withdraw my child. If less than two weeks' notice is given, I will still be required to pay the full tuition for two weeks.

CCAP Policy: In the event that you are on a government-subsidized program (CCAP or other), you are still responsible for any unpaid tuition at God's Little Treasures Childcare. If you are required to pay the parent portion you must pay it every two weeks. Due to the fact that parent portions change frequently you are required to pay the amount as decided by CCAP or other benefit officials. In signing this document you are agreeing to pay your parent portion regardless of the amount even if it has changed. If CCAP or other benefits end, you are responsible for any debt incurred at God's Little Treasures Childcare.

I have read, understood and agree to the tuition policies explained above.

Parent/Guardian Signature _____

Date _____