

Parent Contract

Parent's Name _____ Child's Name _____

Days Attending: _____ Time: AM _____ PM _____

Pick one of the following payment methods:

1. ***Monthly – I agree to pay the monthly tuition of \$ _____, in 9 installments, September through May. Payment is due on the 1st of the month and is delinquent after the 10th of the month. There is a \$25 late fee if received after the 10th.**

Preferred Method: Payeezy Credit/Debit _____ or Personal Check _____

2. ***Weekly – I agree to pay the weekly amount of \$ _____ each Monday. There is a \$10 late fee if received after Wednesday.**

Preferred Method: Payeezy Credit/Debit _____ or Personal Check _____

***A Child's Way reserves the right to raise tuition with 30 days' notice**

I understand and agree to the following:

1. I have been given the tuition, registration, and other forms from ACW and licensing, and I understand the information. My child may not enroll until **all** of the forms are returned
2. **I have paid the \$125.00 registration fee and understand that it is non-refundable.**
3. **I will give 30 days' notice of intention to leave and ACW reserves the right to charge one month tuition.**
4. I will pay my tuition on time and pay the late fee of \$25.00 if not received by the 10th of the month.
5. I may be asked to leave the program when my tuition is late one month.
6. There is a \$25.00 fee for checks that have been returned or have to be re-deposited.
7. I will call ACW if my child is going to be absent.
8. I will call if someone other than the parent is going to pick up my child.
9. I will not send my child to school with an infectious illness, or if my child has been ill within the last 24 hours.
10. I have signed the consent for medical treatment in an emergency. All injuries will be written up on our accident report. A Child's Way does carry medical insurance.
11. I may visit the classroom at any time unannounced. The Dept. of Social Services and /or Community Care Licensing may visit unannounced and has the right to speak with parents, children and staff.
12. **I will sign my child in/out with my full name (NO INITIALS) as required by licensing, and the time of pick-up or drop-off.**
13. **There are no credits for absences, vacations or national holidays.**

***Late Fee**—I understand and will pay directly to the teacher in cash, a late fee of \$15.00 for the first 15 minutes or portion thereof, and \$5.00 for each additional 5 minutes or portion thereof. I understand that this is to be paid at the time of late pick up. **Please Initial** _____

Signed _____ **Date** _____