

Tuition Payment Agreement/Center Agreement/Cot Permission

TUITION PAYMENT AGREEMENT

Child's Name (1) _____ Birth date _____ Tuition Rate \$ _____
Child's Name (2) _____ Birth date _____ Tuition Rate \$ _____
Child's Name (3) _____ Birth date _____ Tuition Rate \$ _____

I agree to pay an enrollment fee of a nonrefundable \$150.00 to reserve my place at Springing Up CDC. I also agree to pay an annual fee due in July for supplies and curriculum development. This fee covers expenses from July 1 st through June 30th - this fee will be prorated based on your enrollment date.

I understand that payment is due the Friday in advance of each learning week. I agree to pay the \$25.00 late fee if payment is not received by the 6:00pm Friday deadline. I understand that there will be a \$15.00 charge for late pick up. This fee will be applied after the first five minutes and will double for each ten minute increment following. I agree to pay this charge upon arrival. If payment is not received at the time of arrival, I understand that my account will be billed.

I agree to abide by all additional tuition and payment policies as outlined in the Parent Handbook.

Center Agreement

I understand that I am enrolling my child at Springing Up CDC and agree to all of the following items:

1. The staff of Springing Up CDC have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
2. I have received and read the parent handbook and agree to abide by all the policies within. If any policy should be changed or updated I shall be notified by newsletter or verbally.
3. I have been informed that a copy of the Licensing Rules for Family Child Centers in Missouri is available at the facility for review.
4. When my child is ill, it is understood and agreed that he or she may not be accepted for care. Our policy has become stringent and following our sick policy in the handbook specifically is expected or termination of your child's position is possible.
5. I agree to provide a minimum of two week notice should I wish to discontinue my service with Springing Up CDC. If not notice is given, I will be held responsible for paying for the two weeks after removal of my child. I do understand I will be prosecuted for the money owed, if the above procedure is not followed.

Trips and Activity Permission

I give consent for my child to take part in field trips or excursions with Springing Up CDC under proper supervision. I understand I will be notified when such trips are planned and that I must give written permission for each field trip or excursion. I give permission for the facility to transport my child on field trips or excursions by Springing Up CDC staff or by an independent transportation company.

Cot Permission

I give my child permission to sleep on a cot or mat during nap time.

_____ Staff Signature _____ Date
_____ Parent or Legal Guardian Signature _____ Date