

**Playtime Learning Center & Child Care, Inc. Agreement for Payment**

**Full or Part-Time Schedules**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Responsible for payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Amount of Tuition $\_\_\_\_\_\_ Weekly Amount $\_\_\_\_\_ Monthly Amount $\_\_\_\_\_

Weekly co-pay amount $\_\_\_\_\_\_ for CCIS \_\_\_\_ I understand that, failure to pay this co-pay on time, regardless of the amount, may result in disenrollment. I also understand that all fees not paid by CCIS must be paid by me, regardless of the reason CCIS does not cover in fees.

Payment is to be made: \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ monthly

Services to be provided as part of tuition: \_\_\_ Infant Care \_\_\_Toddler Care

\_\_ Toddler (9-1) \_\_\_ Preschool Care \_\_\_ Preschool (9-1) \_\_\_ Before School

\_\_\_ After School \_\_\_ Drop-In \_\_\_ Summer Program \_\_\_ 5 Hours

Type of Service: \_\_\_ Part-Time Care \_\_\_ Full-Time Care

Time of drop off \_\_\_\_\_am Pick up \_\_\_\_\_pm \_\_\_ it will change each week

Date of Child’s Admission: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Child’s Withdrawal: \_\_\_\_\_\_\_\_\_\_\_

Persons who child may be released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policies for Tuition Payments**

**Please read and initial:**

**\_\_\_ I understand that there is a $5 charge for every 5 minutes after 6 pm.**

**\_\_\_ I understand that there is a $35 late fee for any payment received after Wednesday of that service week.**

**\_\_\_ I understand that payment is due regardless of vacation, sickness, holiday and weather cancellations or work schedule changes.**

**\_\_\_ I understand that all tuition payments are due in advance.**

**\_\_\_ I understand that there is a $35 charge for any returned check and the payment must be in cash or credit/debit card, and after 2 returned checks payments must be in cash or Tuition Express ACH (Automatic Charge).**

**\_\_\_ I have received complete program information at the time of enrollment including the emergency plan and the Family Handbook and I have read and understand Playtime LC’s policies.**

**\_\_\_ I have received Playtime’s Illness Policy located in the Family Handbook and agree to follow the policies. I understand that this is to protect my child, other children, staff and families enrolled at the center. I also understand that this will require me to have a back-up plan for care in the event that my child is ill and cannot attend the center.**

**\_\_\_ I agree to update the Emergency Contact and Agreement form every 6 months or will let Playtime LC know of any changes prior to the 6 months..**

**\_\_\_ I agree to update my child’s Health Form every year or monthly for infants.**

**\_\_\_ I understand I am financially responsible for any damage my child may do to any property of Playtime Learning Center due to the misuse and disrespect of Playtime property.**

**\_\_\_ I understand I must give Playtime LC (1) week notice to withdraw my child from the program.**

**\_\_\_ I understand that my child may be asked to leave the center if all efforts to help the child and family have been exhausted.**

**\_\_\_ I understand that the staff are Mandated Reporters and by law MUST call ChildLine with any suspicion of abuse or neglect. I understand that ChildLine may be contacted and may visit the center regarding the care of my child (ren) at any time without notice or prior consent.**

**\_\_\_ I understand that if my child uses diapers, pull-ups and wipes, I will be charged if the staff has not received any supplies after 2 notices from Tadpoles. The charge will be $6.00 for a pack of wipes and $7.00 per day for diapers or pull ups.**

**\_\_\_ I understand that if I leave the center and my account has a balance unless I make arrangements I will be sent to a collection agency and this will affect my credit score.**

**\_\_\_ I understand that I or my representative may not engage in negative behaviors that directly affect the families, children or staff of Playtime. This includes; gossip, rumor spreading, libelous statements, sharing of confidential information, and aggressive, threatening or violent behavior.**

**By signing below I understand that this is a legal and binding contract with Playtime Learning Center and Child Care, Inc. Every 6 months this agreement will be reviewed by you and the Director of Playtime LC. A new signature will be required by each party.**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**