



Child's Name: _____

Class: _____ Start Date: _____

FINANCIAL OBLIGATION AGREEMENT FOR PARENTS

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING

The conditions of the following agreement provide protection for you, the parent, as well as your center. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of the center is stable. The salaries and overhead expenses of the center cannot be reduced because of "Absentee Losses" in income. In essence, this agreement is a parental guarantee to the center that you will financially support the enrollment space guaranteed for your child.

***PLEASE READ AND INITIAL NUMBER'S 1-13**

- _____ 1. A non-refundable annual registration fee of \$_____ is due each time I enroll and payable each year during re-enrollment in August.
- _____ 2. I agree to pay the following fees for these days: (circle) M T W TH F

Tuition	Sibling Discount	Total Tuition

Payment is due each week either Monday or Tuesday. A late fee of \$15.00 will be added to my account if paid after Tuesday. If my account is 2 weeks in the arrears, I will be disenrolled from the center.

- _____ 3. If I pay my tuition with CASH, I will make sure to get a receipt for each payment.
- _____ 4. I agree to pay the full tuition fee even if my child is absent for one or more days. Tuition fees are **not reduced** for absences due to illness, holidays, or emergency closure of the center.
- _____ 5. Vacation Policy: If I know my child will be absent for a full week, I may use a vacation week and pay 1/2 of my weekly tuition. Early Beginnings offers 2 vacation weeks per year, renewing every August. I cannot combine both weeks for a free week, I cannot carry the time over and my tuition account must be in good standing before the credit is applied.
- _____ 6. In case of withdrawal from the center, I agree to give a one week notice. If notice is not given, I agree to pay for one week additional tuition.
- _____ 7. In the event of an emergency or physical accident, the center has my permission to administer first aid and/or obtain emergency medical treatment in my child's best interest. All medical expenses incurred are the responsibility of the parent. I know that if an ambulance is called, my child will be transported to a local hospital.
- _____ 8. I agree to pay a late pick-up fee of \$1.00 per child for each minute past 6:00 p.m. Chronic lateness at closing time can result in the disenrollment of my child.
- _____ 9. If my child is of school age, an extra fee of \$_____/day will be added to my weekly tuition if he/she is at the center at any part of the day due to school closings (e.g. holidays, snow days).
- _____ 10. I agree to pay a \$30.00 fee for a returned check. Management will then have the option of refusing any future checks. Checks written for under \$100.00 that are returned will be automatically re-deposited by the bank.
- _____ 11. My child has permission to be transported to and from _____ school by a 14 passenger bus or public school transportation. To ensure the safety of my child, if my child does not need morning or afternoon transportation to/from school, I must notify the center one hour before departure time or one hour before dismissal time.
- _____ 12. Should the director of the center feel that my child cannot adjust to the center's program, the center will disenroll my child at their discretion.
- _____ 13. This agreement is subject to change in whole or part at any time by Anna's Child Care & Learning Center, Inc.

Parent/Guardian Information:

Marital Status: Married Divorced Single Separated (If separated or divorced, custody papers must be on file)

Please print the following information: Email Address: _____

Father/Guardian First/Last Name	Home/Cell	Mother/Guardian First/Last Name	Home/Cell
Address	City	State	Zip Code
Work Phone	Social Security Number		
Father/Guardian Signature	Mother/Guardian Signature		
Director Signature	Date		