1. The Center will provide child care services for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name).
2. Your child’s weekly tuition is $\_\_\_\_\_\_\_\_\_\_\_\_\_. If you receive DCF funding, you are responsible for the difference between your tuition amount and your DCF funding. For example, if your child’s tuition is $130.00 and DCF pays us $100 a week, you are responsible for the remaining $30.00 a week.
3. I understand that my child’s tuition is due on Friday of each week for the upcoming week’s service. Your tuition will increase by $10.00 a day for each day that it is late. The Center’s Director is not authorized to extend credit and I understand that my child will not be accepted for care if their tuition is not current.
4. Payment credit will not be given on a disputed payment without a signed cash receipt or cancelled check.
5. Checks returned by the bank must be paid in cash, plus a $30.00 handling fee within 24 hours. Checks will be returned to a parent when reimbursement is made. In the event of a returned check, the parent will be put on a cash basis for the next 30 days. A second returned check, the parent will place the account on a permanent cash only basis.
6. Our Center closes promptly at 6:00. We charge the following late fees: $1 a minute for every minute past 6:05, per child.
7. The annual enrollment fee of $50.00 is due at time of enrollment.
8. The Center observes the following holidays: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas. We will close at 3:00 on Christmas Eve and New Year’s Eve. These days are paid holidays for Ashley’s House. No reduction in the weekly rate will be made for these days. The Center may also close for severe weather and other unforeseen emergencies. Any closures will be announced on the local television stations.
9. Children who are enrolled in the Center on a regular weekly schedule are eligible for one week of vacation. Vacation will not be granted unless the child’s enrollment fee has been paid in full.
10. I understand that my child’s tuition must be paid in full every week whether my child is in attendance or not. I understand tuition holds the spot and if it is not paid, I will be forfeiting said spot.
11. I agree to contact the center by 9:00 a.m. in the event of tardiness or absence. I understand that I must call or notify the Center in advance if my child will be in 30 minutes earlier or later than my scheduled time.
12. I understand the Center will administer and disburse medication prescribed by a physician only or with a written permission form from the parent. When my child is ill, I understand that he/she will not be accepted for care. I agree to follow the Center’s health and medication policies (please see illness policy).
13. The Center has my permission to photograph or videotape my child for purposes of advertising and classroom enrichment.
14. The Center reserves the right to dismiss any child at their discretion.
15. The Center has my permission to seek emergency medical treatment for my child.
16. I have received in writing the Center’s policies pertaining to admission, discharge, vacation, and the discipline of children. I have received and agree to follow the Center’s policies as outlined in the enrollment packet and the parent handbook.
17. I give permission for my child’s picture to be taken for Center and/or promotional use. (Parent Initials \_\_\_\_\_\_\_\_\_).
18. Days and Hours of Attendance:

Monday \_\_\_\_\_\_\_ to \_\_\_\_\_\_ Tuesday \_\_\_\_\_\_ to \_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

Thursday \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_.

1. Please give us your email address.

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

I will be paying the sum of $\_\_\_\_\_ IN ADVANCE on Friday for the upcoming week.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_