



Amount Paid _____
 Check # _____ Cash _____ Credit Card _____

INFANT / TODDLER / PRESCHOOL FEE AGREEMENT

Year _____

Agreement between _____ and the Jefferson Child Care & Education Center for services to _____
 (Parent or Guardian) (Child's Name/Date of Birth)
 Effective on: _____

CONTRACTED SERVICES

Infants ___ Minnows ___ Preschool Guppies ___ Preschool Sunnies ___ Pre-K Dolphins ___
 Potty Trained (Y) (N)

Days of Services: Five Days ___ **or** Monday, Wednesday, Friday: ___ **or** Tuesday & Thursday ___
(Please Choose One)
 Drop off time: _____ am Pick up time: _____ pm

The weekly fee for this service is: _____ per week

Due upon registration:

	+	<u> </u> Non-Refundable Registration Fee	+	<u> </u> 2 wk Security Deposit	=	<u> </u> 1st week of care	=	<u> </u> Total Due
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I agree to pay the weekly fee no later than Thursday for the following week.

I understand that **no reduction** in my fee will be made for my child's absence due to sickness, vacation, holidays, snow days or other emergencies beyond our control (example: lack of heat or water) when the Center is closed.

I understand that the Center requires two weeks notice of withdrawal from the program. Failure to provide notice may result in forfeit of deposit.

I have read and agree with the policies and procedures outlined in the Parent Handbook.

I further agree to inform the Center regarding changes in circumstances.

I understand that financial assistance may be available to eligible families.

 Date Signature of Parent/Guardian

 Date Signature of Center Representative