



## Payment Agreement

Childs Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

Our main goal is provide you and your child with the finest care environment possible. Therefore, we must maintain a budget in order to our Center and program at its best.

The following rules have been discussed and agreed upon:

1. All payments are to be made Monday of the coming week and must be prepaid at the time of the registration before the child will be allowed to start.
2. A \$20.00 late fee will be given to all accounts that have not been paid by 6:00 pm on Tuesday.
3. You are entitled to one (1) week of vacation and five (5) floating sick days after three (3) consecutive months of full-time enrollment. You are required to pay the regular weekly rate for any days missed after.
4. If you pick your child up after 6:00 pm you will be charged a \$15.00 late fee for every fifteen minutes past the 6:00 closing time.
5. If payments are not made weekly, we may have to ask you to withdraw your child.
6. A non-refundable \$50.00 registration fee per family must be paid at the time of registering.

Thank You!

My child \_\_\_\_\_ will attend Grace Life Christian Child Care on \_\_\_\_\_ each week. I will pay every Monday \_\_\_\_\_ (weekly amount) for the current week. I understand the above rule and payment agreement.

\_\_\_\_\_  
Signature of Parent & Date

\_\_\_\_\_  
Signature of Director & Date