

PAYMENT OF TUITION

A WEEK AT CHARLIE BROWN BEGINS ON MONDAY AND ENDS ON FRIDAY (OR SATURDAY IF CARE IS USED). TUITION IS DUE BY FRIDAY OF THE WEEK THE CURRENT BILLS ARE PRINTED, UNLESS A WRITTEN AGREEMENT IS MADE WITH THE CENTER DIRECTOR.

IF YOUR TUITION BECOMES TWO WEEKS PAST DUE A \$10.00 SERVICE CHARGE WILL BE ADDED TO YOUR BILL.

AFTER 30 DAYS FROM PREVIOUS ZERO BALANCE A \$20.00 LATE FEE WILL BE INCURRED MONTHLY UNTIL THE ENTIRE BALANCE IS PAID IN FULL.

CHILD CARE SERVICES CAN BE DISCONTINUED AT ANY TIME IF BALANCES ARE NOT PAID IN FULL.

WHEN YOU REQUEST A RESERVATION FOR CARE ON SPECIFIC DAYS YOU WILL BE BILLED A MINIMUM OF 6 HOURS.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

CONTRACTS FOR CHILD CARE: SIGNING A CONTRACT WILL GUARANTEE A SPOT FOR YOUR CHILD.

MY CHILD WILL ATTEND THE CENTER _____ HOURS PER WEEK. I WILL BE GUARANTEED A SPOT FOR MY CHILD/CHILDREN.

PARENT SIGNATURE _____

PARENT SIGNATURE _____

PLEASE SEE DIRECTOR FOR FINANCIAL ASSISTANCE OPTIONS.

INFANT CARE MINIMUM

I UNDERSTAND THAT CHARLIE BROWN PRESCHOOL & CHILD CARE CHARGES A MINIMUM OF 24 HOURS PER WEEK FOR CARE OF INFANTS UNDER THE AGE OF TWO.

I UNDERSTAND THAT I AM RESPONSIBLE TO GIVE THE CENTER 24 HOURS NOTICE IF MY CHILD WILL BE ABSENT FOR A FULL WEEK IN ORDER TO AVOID BEING CHARGED THE MINIMUM.

I UNDERSTAND THAT IF MY INFANT ATTENDS THE CENTER AT ANY TIME DURING THE WEEK, I WILL BE CHARGED THE MINIMUM FOR THAT WEEK.

Child's Name _____ Date of Birth _____

Parent Signature _____ Date _____

EFFECTIVE JUNE 1, 2015