Child Care Payment Agreement

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name (First Middle Last): Click here to type. Please call me: Click here to type. | | | | | | | |
| Parent/Guardian’s Name (First Middle Last): Click here to type. Email: Click here to type. | | | | | | | |
| Parent/Guardian’s Name (First Middle Last): Click here to type. Email: Click here to type. | | | | | | | |
| Days and times my child(ren) will be in care: | | | | | | | |
| Check days of Care | * Sunday | * Monday | * Tuesday | * Wednesday | * Thursday | * Friday | * Saturday |
| Arrival Time | Insert Time | Insert Time | Insert Time | Insert Time | Insert Time | Insert Time | Insert Time |
| Departure Time | Insert Time | Insert Time | Insert Time | Insert Time | Insert Time | Insert Time | Insert Time |

|  |
| --- |
| Fee: $ \_\_\_\_\_\_\_ Per: 🞏 Hour 🞏 Day 🞏 Week 🞏 Month  Source of Payment: 🞏Parent 🞏DCYF 🞏CPS 🞏Other (Specify) |
| Please read and initial:  \_\_\_\_\_\_Initial Payment is due prior to child’s start date  \_\_\_\_\_\_Payment is due on the 1st of each month  \_\_\_\_\_\_Late Pick-up is $2 per minute and $5 per minute of Friday and Early Release  \_\_\_\_\_\_Late Payment fee is $5 per day  \_\_\_\_\_\_Annual Registration Fee is $75 due on Anniversary  \_\_\_\_\_\_Fieldtrip Fee due June 15th of $20 per family  \_\_\_\_\_\_Potty Training Fee of $25 per month for children 3 and older |

I agree to promptly notify the child care provider of any change in the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. I understand that I am responsible for keeping current on all paperwork required if another party is helping to pay childcare costs. MCFHC is not responsible for informing me when payment is due or renewal of childcare services is required.

I have read, understand and agree to comply with the policy and procedures and information given to me by the Multicultural Child & Family Hope Center.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_