



PARENT-PROVIDER AGREEMENT

FOR THE CARE OF _____ DOB: ___/___/___ AGE: _____
 _____ DOB: ___/___/___ AGE: _____

- Please notify me in **writing** if there are any changes to be made to your hours.
- Two weeks' notice and my approval are required before changes are made or I will pay the equivalent of two weeks of care.

A. Parents agree to pay according to schedule. We have agreed to pay \$_____ Weekly _____ Biweekly (two weeks ahead)

- Receipts will be available on date of payment.
- Year-end summary will be distributed by the last day of January.
- Persistent late payments are grounds for termination. The card on file will be charged in the event the child leaves center with a balance.

B. Other Charges

Late pick up rate	\$1.00 per minute (after 6:30pm)
NSF checks	\$35.00/ (cash only)
Late payment	\$20.00/per week
Registration Fee	\$50.00 due with application
Curriculum Fee	\$60.00 due with application

- Payments are due on Mondays and considered late if not paid by close of business on Tuesday. Payments are due even if your child will not be present. EX: when your child is not in attendance due to illness or a doctor's appointment, etc.
- Full tuition payments are required regardless of circumstances.
- Each child is entitled to a one-week vacation per year after one full year of service has been provided. The vacation form from the office must be filled out two weeks in advance

I/we understand that in the event TVCDC is not paid for services rendered:

First Action: TVCDC reserves the right to give written notice and take action by not providing care for my child/children until payment is made for services

Second Action: TVCDC also reserves the right to give a written notice and take action at which time I will be taken to small claims court where court and attorney fees and loss of income will also be added to the bill.

By signing this form, you agree to:

- Abide by all rules and guidelines and to respect all policies and terms. I agree to the financial terms set out in this contract.
- Give a two-week written notice before leaving the center or change hours of care (part-time/full-time).

This agreement will come into effect on ___/___/___.

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Provider Name/Daycare

Date