



FINANCIAL AGREEMENT

My child _____ is enrolled in _____
at _____ location for _____ days per week.

My weekly tuition rate is _____ and will be paid
weekly, bi-weekly, or monthly (*circle one*).

By initialing before each statement and signing below, you are agreeing to the terms and will be held responsible for any additional fees. You also acknowledge that you have read and understand the parent handbook.

_____ If paying weekly my payment will deduct automatically from my checking account every Friday.

_____ If paying bi-weekly my payment will deduct automatically from my checking account on the 1st and 15th of each month. If it is a 5 week month the 5th week will be deducted on the 15th.

_____ If paying monthly my payment will deduct automatically from my checking account on the first of each month.

_____ I understand that if my initial payment is declined for any reason a \$45.00 additional insufficient funds payment will be charged to my account.

_____ If pick up is after 6:00pm your account will be charged \$10.00. At 6:15pm a \$2 per every two minutes you are late will be charged to your account. At 6:15pm if we have not had contact with the parent/guardian the emergency contact will be notified. If no contact is made with any of the above the police will be contacted.

_____ I understand that if my child is ill I will notify the center director of the absence and nature of the illness. Oral Temp of 101.2 or above, 3 consecutive episodes of loose stool within 1 hour and communicable diseases requires your child to stay

home. They can return when fever/loose bowel free for 24 hours without medication. For communicable diseases a doctors note is required stating they are able to return to daycare.

I understand that three weeks advanced notice in writing is required for withdrawal. For infants one months notice is required. If a child withdraws without notice one months tuition will be billed to your account and posted to your credit card on file.

Parents Signature _____ Date _____

Schooling

Please list any previous school are/or centers your child has attended or attends concurrently

Authorization for Emergency Medical Care

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian _____ Date _____

Hold Harmless Agreement

I agree to release and hold harmless Creative Critters Learning Center and its employees, from any accident or harm that may occur should I retain the services of any Creative Critter employee for the care of my child(ren) outside the child care center. I understand that Creative Critters LLC does not condone or encourage its employees to babysit for parents of enrolled children outside of the child care center. If I retain the services of any Creative Critters LLC employee in such capacity, Creative Critters LLC has no responsibility and is held harmless from any accident which may occur.

Parent/Guardian Signature _____ Date _____

Parent Handbook

I _____ have reviewed a copy of the Creative Critters Parent Handbook, which contains all the policies of the center and closing dates. I have also read the handbook and agree to follow the policies of the center to include but not be limited to the financial policies, health and safety as well as arrival and departure limitations.

Parent/Guardian Signature _____ Date _____