

## Fee Contract

### PHSA Employees and Physicians Enrolled in CCD

Please use first & last names:

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

	Infant	Toddler	Preschool/School Age
per day	\$40 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$40 <input type="checkbox"/>

**One hour free care**

1. Tuition for the Mildly III Program will be added to my monthly bill and is due and payable on the first day of each month.
2. A \$25 late fee will be charged for any fees not paid by the 5<sup>th</sup> business day of the month.
3. Failure to pay the full month's tuition or other fees by due date will result in termination of childcare.
4. The parent is required to pay for any time a space is being held whether or not the child is present.
5. Children picked up past 6:30pm will be charged a \$10 late pick up fee for the first 15 minutes. A \$1 per minute fee will be charged thereafter.
6. The Center for Child Development will be closed on the following observed holidays: New Years Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

I have read, understand and agree to the above terms and fees. My signature verifies that I am aware that I have received a Supplemental Parent Handbook containing policies and procedures regarding use of the Mildly III Program.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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