

Fee Contract PHSA Employees and Physicians Not Enrolled in CCD

Please use first & last names:

Child's Name: _____ Date: _____

Mother: _____ Father: _____

	Infant	Toddler	Preschool/School Age
per day	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>

1. Tuition is due and payable on the day of attendance in the Mildly Ill Program.
2. The parent is required to pay for any time a space is being held whether or not the child is present.
3. 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.
4. 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 Ill Program.

Date: _____ Parent/Guardian Signature: _____

Date: _____ CCD Signature: _____