Fee Contract
PHSA Employees and Physicians Not Enrolled in CCD

Please use first & last names:

Child’s Name: ____________________________  Date: _______________
Mother: ____________________________  Father: _________________________

<table>
<thead>
<tr>
<th></th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool/School Age</th>
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</thead>
<tbody>
<tr>
<td>per day</td>
<td>$50</td>
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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: ______________________________________