

Updated  
06/22/21

Waiting list Fee  
\$ \_\_\_\_\_  
Ends \_\_\_\_\_

CTH 100 FORM

## PARENT/GUARDIAN CONTRACT

I agree to the enrollment of my child(ren) \_\_\_\_\_ at Close to Home  
Childcare Center & Preschool (CTH).

I agree to pay the tuition (weekly/monthly) \$ \_\_\_\_\_ and last week's security deposit of \$ \_\_\_\_\_.

Registration fee \$25

Activity and Technology fee \$50 initial fee. \$35 annual fee

Effective as of: \_\_\_\_\_ The tuition for this period is \$ \_\_\_\_\_.  
(date)

Scheduled Hours. MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_  
\_\_\_\_ Yes, the schedule listed above may frequently vary due to changes in parents'/guardians' schedule.

### Initial

\_\_\_\_\_ FOR TUITION PAID WEEKLY:

I agree to pay the weekly tuition fee on Monday of the current week. I understand that unless my child's account shows a balance of under \$20.00 by the close of business on Wednesday of the current week, a \$20.00 late fee will be assessed. I also understand that if my child's account balance is not paid by the close of business on Friday, of the current week, my child will not be allowed to continue child care services the following week. My child will then be considered disenrolled. To re-enroll, I will pay all past balances as well as pay a re-enrollment fee of \$30.00, if over 90 days.

I agree to pay ½ the weekly tuition fee for absences of one full week up to a maximum of four (4) weeks. To avoid a late fee, I understand that the ½ weekly tuition fee is due on Monday of the week of the absence. The ½ week tuition benefit does not apply to the last two termination weeks. I understand that a ½ tuition absentee week can be taken anytime 90 days after the first day of attendance. Two ½ weeks can be used Jan. 1 – June 30. Two ½ weeks can be used July 1 – December 31. Half (½) weeks do not carry over

Refer to the Parent Handbook and Fee Schedule for further explanation of tuition terms.

\_\_\_\_\_ I agree to pay a **\$40.00 fee for each check that is returned to my bank.** I understand that my balance and return check fee must be paid in cash for my child to continue services.

\_\_\_\_\_ I agree to pay **\$1.00 per minute per family** to CTH when picking up my child after **6:00 p.m.** I understand **this fee is due at the time my child is picked up.**

\_\_\_\_\_ agree that if my account is sent to collection for non-payment, I will not be able to return to CTH unless all fees associated with my account are paid in full.

\_\_\_\_\_ I agree to **pay any damages incurred as result of my child's destruction of property.**

\_\_\_\_\_ I agree that in case of accident or injury emergency medical care may be given in the event that I cannot be contacted immediately **I agree to pay for all medical and emergency transportation expenses incurred.**

\_\_\_\_\_ I agree to give a **2 week notice in writing** (regardless of whether my child attends) **of the cancellation of this contract and will pay the full tuition for the last two weeks of termination.** Schedule changes cannot be made anytime during the final two weeks.

\_\_\_\_\_ I agree that if any conditions of this contract are altered, **a new signed contract is required.**

\_\_\_\_\_ I agree that if I need CTH services more than I contracted for **I will pay the additional fees within the week they occur**

\_\_\_\_\_ I agree to abide by the rules and regulations of CTH as set forth in the Parent's Handbook and newsletters. I acknowledge that I have read, understand and agree with the policies and procedures of Close to Home Childcare Center & Preschool.

\_\_\_\_\_ I agree to pay a **last week's security deposit (non-interest bearing)** and non-refundable registration fee upon enrollment as well as the annual Activity/Technology fee.

\* Waiting List Weekly Fee if Applicable \$\_\_\_\_\_. Effective as of \_\_\_\_\_ Ends at Start Date of Enrollment\_\_\_\_\_.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Mother/Guardian