TUITION, POLICY HANDBOOK &
PARENTAL CONSENT FOR PHOTOGRAPHS
AGREEMENTS

TUITION AGREEMENT:

Child's Name:_____ Group:_____ Days: M T W H F

I, _____ am responsible for paying the aforementioned provider a fee of $_____ for my child _____, on a MONTHLY basis. This fee is due no later than the 1st day of the month. I understand that my child may not start care in a new month without payment of outstanding fees from the previous month. In addition to the monthly child care co-payment, I may be required to pay fees which are not the responsibility of the County Agency upon satisfactory arrangements with the child care provider. These types of fees include, but are not limited to late fees, activity fees, transportation fees, fees charged for absentee days which exceed those reimbursed by the County Agency and fees charged by the provider for child care services which exceed the hours and days authorized. I also understand that my child is only reimbursed by the County for up to 10 days every six months. (The six month terms are as follows: January 1st at 12:01 a.m. – June 30th at 11:59 p.m. and July 1st at 12:01 a.m. – December 31st at 11:59 p.m. **An absentee will be counted for ANY reason that the child is not in attendance due to illness, an absentee that is not the result of an illness is not reimbursable by the County, therefore is the parent's responsibility.** To verify that the child was absent due to illness, a doctor's note will be required upon return. Any absentee that is a result of a vacation must be verified with the director at least two weeks prior to the vacation so we can agree on the rate for that week.

I further understand according to Rule 5101:2-35(K)(1), ineligibility for child care benefits shall continue as long as delinquent co-payments are wed to the child care provider, unless satisfactory arrangements are made to pay delinquent co-payments. Arrangements to pay delinquent co-payments must be satisfactory to both the caretaker parents and the provider. By signing this document, I agree to abide by these terms.

The Creative Early Learning Center, Inc. reserves the right to terminate services for failure to conform to the policies of the school.

Parent/Guardian Signature:	*Date:*
Director Signature:	*Date*

POLICY HANDBOOK AGREEMENT:

I have received and read the Policy Handbook and agree to abide by Creative Early Learning Center, Inc. policies.

Parent/Guardian Signature:	*Date:*

PARENT CONSENT FOR PHOTOGRAPHS:

Photographs and Videos of Children participating in Creative Early Learning Center's Programs may be taken from time to time and may appear in Newspapers, Brochures, Website or other publicity materials. Your signature approves you Child to be part of such material for the Center without compensation.

Child's Name:_____

Parent/Guardian Signature:	*Date010:*