



PAYMENT CONTRACT

Child's Name _____ Date: ____/____/____

Parent's Name _____

Address: _____ Phone: _____

_____ Work Phone: _____

I, _____, hereby agree to pay the amount of _____ every _____ for the services provided by Kidsabilities Daycare for my child. My child will be attending the program on the following days, from _____ a.m. to _____ p.m. A \$3 a day late fee will be paid if tuition is not paid on the first day of the week. I agree to provide 2 weeks written notification before removing my child from daycare and if this is not provided I understand that I am liable for the full two weeks of payment. I also agree to make full payment for each week except for the major holidays in which the center is closed. I fully understand that I am responsible for any late pick-up fees that occur if I do not pick up my child by 6:00 p.m. I understand that if my payment is returned for insufficient funds, I will be charged a \$35.00 returned check fee. We reserve the right to increase our tuition as needed, however, tuition increases will only take effect once per year.

Parent's Signature

Date ____/____/____

Director's Signature