



# Giggles' Child Development Center

## Financial Agreement

It is my desire to enroll \_\_\_\_\_ into GIGGLES' CDC.

**REGISTRATION:** I understand that the \$80.00 per child registration fee is paid upon enrollment of my child. This is a non-refundable, annual fee each year in AUGUST.

\_\_\_\_\_(parent initials) \_\_\_\_\_ (parent initials)

**TUITION:** I hereby agree to pay the sum of \$\_\_\_\_\_ per week for regular tuition. This amount is due each **Monday** for the same week. There is a \$5 PER DAY late fee for each day that tuition is late.

\_\_\_\_\_(parent initials) \_\_\_\_\_ (parent initials)

**ABSENTEE POLICY:** I understand that if my child is absent, I must still pay tuition for the entire week. This applies even if I keep my child home the entire week.

\_\_\_\_\_(parent initials) \_\_\_\_\_ (parent initials)

**HOLIDAYS:** I understand that full tuition is due for the week in which a holiday falls.

\_\_\_\_\_(parent initials) \_\_\_\_\_ (parent initials)

**RETURNED CHECKS:** I agree that any check returned by my bank as NSF, I will be required to repay the amount of the check plus \$30.00. After two returned checks, tuition must be paid in cash.

\_\_\_\_\_(parent initials) \_\_\_\_\_ (parent initials)

**WITHDRAWAL:** I understand that if my child is absent for two consecutive weeks, I have not paid tuition, and I have not called the center to make prior arrangements, my child will be automatically withdrawn from the Giggles' CDC . If I wish my child to return, I will be required to re-register my child, providing an opening exist. Two week written notice is required prior to voluntarily withdrawing my child from Giggles CDC.

\_\_\_\_\_(parent initials) \_\_\_\_\_ (parent initials)

Parent \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_