Bay Country Learning Centers, LLC.

Financial Agreement

| Child's Name: | D.O.B.: |
|--|---|
| Parent's Name: | (Please Print) |
| I,enrolled in Bay Country Learning Center. | , agree to the following payment policies, in order to have my child (ren) |
| Center. If I withdraw my child, his/her posit opening would need to be available and I | fee of \$100 at the time of registering my child (ren) at Bay Country Learning ion may be filled by someone on the waiting list. If I choose to re-enroll, an agree to pay a new registration fee. Additionally, I understand a summer ch year and a fall registration fee will be due February 28th of each year. |
| unless my child is ill or the center is closed re once tuition is paid there are no refunds and card. NO CASH WILL BE ACCEPTED. If tuitio charged, and the child will be unable to retu Centers LLC. will charge a \$50.00 fee on all re | in full every Monday. I understand that payment is due every Monday egardless of my child's attendance schedule. Furthermore, I understand that that payments should be made by direct debit, money order, check or credit in is not paid on time (by close of business Monday) a \$40.00 late fee will be rn until the past due tuition and late charges are paid. Bay Country Learning eturned checks. The check amount and the return check fee must be paid by if notification. If two checks are received by the center, I understand that the ersonal checks on my account. |
| 6pm, I agree to pay a late fee of \$15.00 for the center. I understand this late pick up fe | eation are Monday through Friday, 7am – 6pm. Should I pick up my child after each 15 minutes or fraction thereof after 6pm in which my child remains at ee is due at the time I pick up my child or before returning my child to the money order, or credit card and be made payable to Bay Country Learning |
| pay all outstanding fees prior to withdrawing | two-week notice of my intent to withdraw my child from the center and to g. I understand that my failure to do so will result in withholding of records ts will be liable for all collection costs including attorney fees in addition to all n if proper notice is not given. |
| I have read this financial agreement and agree could result in the termination of childcare for | e to its terms. Furthermore, I understand that failure to follow this agreement or my child. |
| Parent/Guardian's Signature | Date |
| Work Number | Home Number |