

Please return to the Main Office by Friday, August 28, 2009.

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & .181(c); 3280.123 & .181(c); 3290.123 & 181 (c)

Please complete all shaded areas.

NAME OF CHILD		
FEE AMOUNT	PER DAY/WEEK	DAY PAYMENT TO BE MADE
\$7.35	PER HOUR	DUE UPON RECEIPT OF MONTHLY INVOICE
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS) <ul style="list-style-type: none"> • P.M. SNACK • INDOOR AND OUTDOOR PLAY AND ACTIVITIES • CHILD CARE SUPERVISION 		
CHILD'S ARRIVAL TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED 1. 2. 3. 4.	
CHILD'S DEPARTURE TIME		
LATE FEE	PER MIN / HR	
\$60.00 / HOUR AFTER 5:30 P.M.	15 – MINUTE INCREMENTS	
EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE IF APPLICABLE		
2nd Child – Same family \$5.50/hour		
3rd Child – Same family \$4.40/hour		
4th Child – Same family \$4.40/hour		
I, the parent / guardian, <ul style="list-style-type: none"> <input type="checkbox"/> received complete written program information at the time of enrollment (3207.121, 3280.121, 3290.121) <input type="checkbox"/> agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124,3280.124, 3290.124) 		
Signature Parent/Guardian		Date
_____		_____
Mrs. Anize Appel, Director		Date
_____		_____
Date of Child Admission	PERIODIC REVIEW	
Date of Withdrawal	_____	
_____	SIGNATURE PARENT/GUARDIAN	DATE