



PILGRIM CHILDREN'S CENTER

A Warm Environment With Family Values

Hours of Operation 7am-5pm Monday-Friday
760-729-4464 Fax 760-729-8578
LIC 372000455

Admission Agreement Preschool ages 2-6

This contract is made between:

<i>(First and Last Name)</i>		<i>(Date)</i>
And		
Pilgrim Children's Center		<i>(Date)</i>
<i>(Child Care Provider)</i>		

Child Care Services will be provided for:

Name of child: _____	Date of birth: _____	Age: _____
Name of child: _____	Date of birth: _____	Age: _____
Name of child: _____	Date of birth: _____	Age: _____
Name of child: _____	Date of birth: _____	Age: _____

Child care services will begin on _____. Child care is open year-round, except for holidays, vacation, sick and professional growth days listed in the Parent Handbook. Payment is due regardless of attendance. The child care fee must be paid on time.

The contracted days and hours of child care services are as follows:

Monday	_____AM/PM	to	_____AM/PM
Tuesday	_____AM/PM	to	_____AM/PM
Wednesday	_____AM/PM	to	_____AM/PM
Thursday	_____AM/PM	to	_____AM/PM
Friday	_____AM/PM	to	_____AM/PM

Other Service: _____

Child Care Rate:

The charge for care is \$ _____ per (day/week/month), payable on the 1st (day of week or month).

- Monthly rates may be subject to change in January and/or June of each year.
- Payment is accepted by cash, check, money order, direct deposit or credit card (**credit card processing fees will be assessed to the customer and credit card processing may not always be available**). Payment is due regardless of attendance. The child care fee must be paid on time. All late payments will incur a \$ 25 late fee after the fifth of the month. If tuition has not been submitted by the 15th of each month, childcare services may be terminated. To avoid dismissal of services, please speak with the Director if you are having financial difficulty.
- The client will pay a \$ 25 fee for late child care payments.
- Returned checks will incur a \$(**service fee assigned from the bank**) return check fee and any additional charges incurred to Pilgrim United Church of Christ/Pilgrim Children's Center and/or by the bank.
- Outstanding accounts may be referred to a collection agency.

Fees due upon enrollment: (See Tuition Rate Sheet For Rates)

- Non-refundable registration fee of \$ 150 for school year and \$75 for summer program.
- Monthly tuition fee of \$ _____. Amount will be prorated if you begin services after the 1st of the month.
- **Fees are due on or before your child care services are scheduled to begin**

Fees upon termination:

- If your last day falls in a month that was not previous paid for then an advance payment for last two weeks of care is required upon submission of a two weeks' notice.
- If your last day is in a month that was paid for, then your account will be prorated **only if you submitted a two week notice in writing.**

Overtime Rates:

- Overtime charges will apply for hours of child care before 7:00/8:00 AM and after 12:00/3:00/5:00 PM, depending on child's schedule.
- Client will pay an additional fee of \$ 1 per minute if the child is dropped off earlier or picked up later than the time stipulated by this agreement.
- If prior arrangements are made with the provider, the overtime rate will be \$10 per hour, per child.



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Other Charges:

- If the client is receiving state subsidized child care assistance, the co pay will be \$___ per month (determined by agency). The client is responsible for paying the full amount of the fees under this agreement if child care assistance payments are interrupted for any reason.
- Due to cost of living increases, child care fees will increase annually at a rate of \$ 3%-7%.

Nutrition:

Child care will include the following meals and snacks:

_____ Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Dinner

Release of Child:

Children may be taken from the provider's care only by the person/s signed in this contract and/or those named on the authorized pick-up form.

Trial Period (If applicable):

A trail period of child care will begin on _____ N/A _____. The Client will pay \$ N/A per week. During this time, either the client or the provider may cancel the contract immediately, without written notice. If the contract is cancelled during this _____ N/A _____ trial period, the client will pay a prorated fee. Payment is due for each day unless the contract is cancelled before the day begins.

Termination Procedure:

The client may terminate this contract at any time; however, please reference the "Fees Upon Termination Clause." The provider may provide 2 (two) weeks written notice of termination but **reserves the right to immediate termination if the client or child pose any threat to the safety and welfare of other children in care, staff or failure to comply with policies. Immediate terminations will result in zero refunds.**

All parties agree to the contract terms and understand this is a legal binding agreement. By signing this contract, clients indicate that they have read the provider's policies and agree to follow them. Pilgrim Children's Center reserves the right to make changes to these policies

without notice. This contract is entered into by the client and provider and will remain in effect until termination of care or the signing of a new contract.

Hold Harmless Agreement:

In the event of an accident or injury to myself or my child while attending Pilgrim Children’s Center, I agree to hold harmless the employees and agents of the Pilgrim Children’s Center.

Right to Refuse Service:

Pilgrim Children’s Center has the right to refuse service and terminate service at any time.

By signing this page, you indicate that you have received, read the policies and parent handbook of the Pilgrim Children’s Center and agree to follow them.

Parent or Legal Guardian’s Signature

Date of Signature

Parent or Legal Guardian’s Signature

Date of Signature

Co-Signer’s Signature

Date of Signature

A co- signer is required if the client is under the age of 18. The co-signer guarantees the contract and agrees to be responsible for all its financial terms if the client fails to compensate the provider.

Provider’s Signature

Date of Signature