

LILY PADS ELC PARENT CONTRACT

I, the parent, by my signature below attest that I have received a copy of Lily Pads Parent Handbook and Enhanced Health and Safety policies. I further attest that I have read and understand these policies and I agree to abide by them.

A one-month **NON-REFUNDABLE** deposit is required to secure your spot and will be applied towards your last month of care, with one month advance notice. If you choose to leave before that month, you will **forfeit** the deposit. We do not refund the difference in rate.

The monthly rate I will be charged is: \$ _____ (full-time), or \$ _____ (rate x # of days for the month, part-time. Total may change depending on # of days for a particular month).

The Days my child will attend are: (circle days) M T W TH F (minimum 2 days) Start Date: _____

It is okay to use photos/videos on the business website _____ (please indicate yes or no)

Print Parent Name

Parent Signature

Date

Parent Email (s): _____

Parent Phone (s): _____

Child's Name: _____ Date of Birth: _____

TUITION AND FEES

Age Group	Ratio	Full Time	Part Time
6 weeks-2 years	1:3	\$2494/month	\$140/day
2-3 years	1:6	\$2154/month	\$130/day
3-4 years	1:10	\$1999/month	\$115/day
4-5 years	1:10	\$1883/month	\$104/day

Annual increase: 3% in January

Annual Activities Fee: \$250/year (6-23months); \$300/year (2 yrs and older).

We offer backup care on all federal holidays at the rate of \$165 per child and Drop In at \$150/day.

A late pickup fee will be assessed at the rate of \$15 for the first 15 minutes (or part of) and \$1.00 per minute thereafter. The same rate applies to early drop off.

A late fee of \$25 dollars will be charged for any payment made greater than three days late. Payments are due every 1st of the month. Payment authorization form and online account for online payment option is available and preferred.

A returned check fee of \$25 dollars will be charged plus any bank fees assessed due to the check return.

Director Signature: _____ Date: _____