



Child Care Center
5944 Fulton Drive NW
Canton, OH 44718
(330) 499-0500

ENROLLMENT/TUITION AGREEMENT BEFORE/AFTER SCHOOL PROGRAM SCHOOL YEAR (2016-2017)

My child, _____ is enrolled for:

- Before School** (\$8.00 / Day) Days attending: _____
- After School** (\$12.00 / Day) Days attending: _____
- Snow, Jackson In-Service & School Holidays (\$33.00)** a day

**Please note that you are billed for only the days that your school-ager attends.
(This is different than our Pre-school/Childcare policy).**

- Registration Fee of \$_____ paid (non-refundable) ---\$40.00 (1 CHILD); \$45.00 (FAMILY)
- Child's Birthday _____

Name of School _____ Grade in school for 2016/2017 _____

(You must contact your school about busing)

Before school (approx. time of arrival) _____ after school (approx. time of pick up) _____

Weekly tuition payment due the last school day of every week \$_____

The parent/guardian agrees to be responsible for the tuition payment of the agreed upon, scheduled days for the school year.

The parent/guardian agrees to pay the tuition payment for before / After School Care on the last day of attendance each week.

The parent/guardian understands that if payment is not made by Friday of each week they are subject to a late fee of \$10.00 being added to their balance each week until balance is paid in full.

The parent/guardian understands they are subject to a \$25.00 fee assessed for a returned check. If more than one check is returned, checks will no longer be accepted for payment and payment must therefore be made by cash, bank check, or money order.

The parent/guardian understands that scheduled days are established by the before / After School Program Center. **Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason. The undersigned understands that the only days they will not be billed for are the days the Before /After School Center is closed.**

By signing this Before/After school program enrollment/tuition agreement I understand and I will abide by the "terms and conditions for attending this Before / After school program" which I have received a copy of.

Parent / Guardian Signature _____ Date: _____

Parent / Guardian Name (please print) _____

Complete Address: (please print)

Street (including number & or PO Box) _____

City _____, State _____, ZIP _____

Home Phone _____, Work _____, Cell phone _____

Email (please print) _____