

## PAYMENT AGREEMENT

Child's Name: \_\_\_\_\_

This is to verify that I have read the Parent Handbook provided to me and any questions that I may have had have been adequately answered.

I understand that a \$75.00 registration fee and the first week tuition of \$\_\_\_\_\_ is due prior to my child's admission.

I understand tuition is paid even on days they are not in attendance, ex: sickness, holidays, vacation, etc.

I understand that the weekly tuition due will be \$\_\_\_\_\_ per week and is to be paid Friday prior to the next week's admittance. There is a \$5 per day late fee if not paid on time.

I understand that during the trial period I may choose to terminate this contract however the registration fee and first week's tuition will not be refunded. The trial period will end on \_\_\_\_\_ after which two weeks notice will need to be given for termination.

I also understand that any unpaid balance may be turned over for collection and reported to the Credit Bureau.

Parent Name: \_\_\_\_\_  
(Please print)

Social Security Number: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
Date

Director Signature: \_\_\_\_\_

## CCS PAYMENT AGREEMENT

Child's Name: \_\_\_\_\_

This is to verify that I have read the Parent Handbook provided to me and any questions that I may have had have been adequately answered.

I understand that I am responsible for the **CCS Parent Co-pay amount of \_\_\_\_\_ and the daily rate differential of \_\_\_\_\_**

I also understand that my parent co-pay and differential is due by the 1st of each month and non-payment may result in termination of care.

Parent Name: \_\_\_\_\_  
(Please print)

Social Security Number: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_