

LITTLE V.I.P. DAYCARE & PRESCHOOL PAYMENT & ATTENDANCE AGREEMENT

- NEW CLIENT
- RENEWAL -\$35 SUPPLY FEE
- PRIVATE PAY
- DHS
- PEACE HEALTH

Terms of Payment:

The child care charge will be \$_____ per month.

I, _____ agree to pay:

\$_____ monthly (due on the 1st of each month) -OR-

\$_____ bi-monthly (due on the 1st and 15th of every month)

to: Little V.I.P. Daycare & Preschool, for the care of my child during the hours as stated below.

Hours of Care:

The hours of care are available from 7:30 am to 6:00 pm, Monday through Friday.

The child care program is open year-round, except for the days listed in my policy handbook.

Late drop-offs do not allow for late pickups.

Care shall be provided from _____ a.m. to _____ p.m. on these days: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

ADJUSTMENTS TO PAY AGREEMENT:

PRIVATE PAY-(variable- discount for paying in advance)

*A discount is available to those who make their monthly payment in full on or before the 3rd of each month, call ahead when child will be out for the day, and are diligent about picking up their child on time.

DHS- (monthly agreement plus co-pay)

The co-pay will be \$_____ per month.

* If the client is receiving subsidy payments from a government agency, the client is responsible for paying the full amount of the fees under this contract if the government agency does not pay the provider for any reason.

PHE- employee discount

Peace Health Employee discount

I have read the policy handbook and understand it to the best of my knowledge. By signing this contract, I, the parent/guardian agree to abide by the written policies of the provider. The provider may terminate the contract without giving notice if the parent/guardian does not make payment when due. The provider may amend the policies by giving the parent/guardian a copy of the new or changed policies at least four weeks before they go into effect.

Parent/Guardian Signature

E-Mail

Home Address

Home Phone

Work Phone

Cell Phone

Employer's Name and Address

Provider

Date Contract Signed