**FEE PAYMENT AGREEMENT**

Child's Name: Parent/Guardian's Name:

Address:

City/State/Zip:

Phone:

Name of person paying fee:

Agreed arrival time: Pick‑up time:

Days receiving care (Circle) M T W TH F

A fee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_ is due and payable on \_\_\_\_\_\_\_

of each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that closing time is 6:00 pm. I also understand that I will pay $1.00 per child, per minute, after my pre‑designated pickup time that my child/children remain/s in child care. I will pay this fee at the time I pick‑up my child/children.

I agree to give at least two weeks written notice of termination of this agreement, withdrawal from care, or change in hours, days or statistics in this agreement.

I agree to pay a fee of $30.00 for tuition paid after the due date.

I understand that I am responsible for the terms of payment as stipulated above.

Signature Relationship Date

Signature Relationship Date