

Contract Agreement:

_____ I understand that I am responsible for tuition payments even if my child is absent from the program due to illness or vacations, as well as days the center is closed. (Such as federal holidays or snow days, etc)

_____ A two week written notice is necessary when CDC's services are no longer needed.

_____ Tuition payments may be made by cash, credit card or check.

_____ Tuition accrued within a month must be paid in that month.

_____ Failure to pay for services received within the month may result in your child's disenrollment.

_____ Rates are subject to change with a 30 day notice.

_____ Changes in TFI is the responsibility of the family to disclose. Contracts reflect current TFI.

_____ If claiming reservist status: projected date of disenrollment: _____

Please print child's name Parents signature date

Programs:

() Before School (\$5.00/day as used)

() Drop In (payment due at drop off)

() Part Time

() One payment on the 1st of the month _____

() Two payments on the 1st and the 15th _____

_____ Day switching must have prior approval from the office.

() Tier System (BAH Worksheet Required for full time slots)

() One payment on the 1st day of the month _____

() Two payments on the 1st and 15th of the month _____

Office use only: Tier 1 2 3 4 5 6 7 8 9

Enrollment status: Full time part time school age drop in

Monday F H Tuesday F H Wednesday F H Thursday F H Friday F H

