

Welcome to Altoona Family Child Care Center

Parent/Provider Financial Agreement

The following agreement is made between Altoona Family Kids Club and
 Parent _____
 home phone _____ work phone _____

Home address _____

And Parent _____
 home phone _____ work phone _____
 Home address _____

For the care of: Child's name / date(s) of birth
 _____ / _____
 _____ / _____
 _____ / _____

1. The charge, per child is computed as follows,

	1 Day/Week	2 Days/Week	3 Days/Week	4 Days/Week	5 Days/Week
Under 2 \$16/hr	\$160	\$220	\$260	\$280	\$300
2-4 Years \$15/hr	\$140	\$200	\$240	\$260	\$280
5-12 Years \$14/hr	\$120	\$170	\$200	\$220	\$240

Based on your scheduled days of care, your fee will range between \$_____ and \$_____ per week

2. Payment obligation is based on the hours you submit as needed for child care, not on actual hours of attendance.
3. An automatic payment through tuition express will be kept up to date in file, to withdraw funds due on a weekly basis.
4. A fee of \$25.00 will be charged for any returned checks and payment will be considered late.
5. If you are participating in a subsidized child care payment program, by signing this agreement, you are financially responsible for all fees incurred.
6. In the event this account becomes delinquent, you agree to pay any and all costs of collection, including attorney fees and court costs plus interest of the unpaid balance of this account at the rate of \$25.00 each week that payment is not received.
7. Two weeks written notice or two weeks' pay is required before removing your child/children from child care.
8. AFCCC reserves the right to terminate this agreement with no notice for violations of child care rules and policies listed in the parent handbook.

I agree to enroll my child/children in Altoona Family Kids Club beginning on_____. I agree to the terms described in the payment agreement above. The provider may amend this agreement by giving the parent(s) a copy of the new or changed agreement at least 2 weeks before they go into effect.

Mother/legal guardian's signature _____ Date_____

Father/legal guardian's Signature _____ Date_____

Signature_____ Date_____

Accepted by Caregiver_____ Date_____

