

Playtime
Child Care and Learning Center
502 Wythe Creek Road
Poquoson, Virginia
(757) 868-6908

FINANCIAL AGREEMENT

1. It is my desire to enroll _____ in Playtime Learning Center.
2. I hereby agree to pay on Monday/Tuesday of each week the sum of \$_____ for the following services:
- _____
- _____

I understand any additional service requested will change the above rate and all rates are subject to change as conditions may require.

3. **PAYMENT OF FEES:** All fees will be paid in advance. Should the fee become delinquent, a \$5.00 late charge and possible withdrawal for my child can be required until the entire overdue balance, including the late charge is paid. I understand that if my child is absent, I will be held responsible for all fees agreed to above.
4. **REGISTRATION FEE:** I understand that the registration fee of \$_____ is to be paid at the time of enrollment and that a new registration fee will be required each September, if I should choose to continue to keep my child enrolled at Playtime Learning Center.
5. **OVERTIME FEES:** I understand that if my child remains at the center past the scheduled closing time, I will be charged \$3.00 for one child or \$7.00 for two or more children and each additional fifteen (15) minutes.
6. **WITHDRAWAL:** I understand that if my child is absent for two weeks and the appropriate fee has not been paid, my child may automatically be discharged from Playtime Learning Center and I will be required to pay an enrollment fee prior to readmission to Playtime, provided space is available.
7. **RETURNED CHECK POLICY:** I understand and agree that for any returned check, a \$25.00 fee will be automatically charged to my account as a processing fee, which I agree to pay upon presentation.
8. **CAMP PARENTS/B & A KINDERGARTEN PARENTS:** I understand that when there is a 1/2 day of school or when there is no school, I will be required to pay the full day rate.
9. **BREAKFAST:** Breakfast is served from 6:00 a.m. to 7:30 a.m. for an additional fee of 50¢ per day or \$2.00 per week per child. Please pay for breakfast each day or add your breakfast fee into your check for the week. Breakfast is not served after 7:30 a.m.

I have read the above and thoroughly understand and agree to all the above terms.

Parent or Guardian's Signature

Date