

Abundance of Joy

Contract

I _____ have reviewed this application/handbook prior to starting care. The Director/assistant director has provided me with an overview of this handbook. I understand each of the policies and will review them periodically to ensure that I am within the guidelines of the school policies. I have also received the health records form, emergency medical care form and discussed the discipline policy. I understand all forms are to be completed prior to starting care.

I agree to enroll _____, in Abundance of Joy beginning, _____. The charge for care of my child is \$ _____ per week. I understand that all payments are handled via Tuition Express (automatic withdrawal). Payment will be processed on Wednesday prior to payment week. If the payment date falls on a holiday or at a time when I am going on vacation or the school is closed, it is due the day prior. I understand that vacation time for me is paid time for childcare. I further understand that closure dates for the school are paid days and payment is due as scheduled under this contract. If service is terminated by me, I understand I must provide a written notice of 30 business days. If notice is not given, I will pay for those weeks of service. I understand if pre-registering my space is being held and guaranteed for the start date provided. Therefore, if I terminate prior to starting care, I understand that all fees paid are nonrefundable. My payment arrangement begins the week prior to my start date. Any adjustments to my start date will not change payment schedules. Further, I understand that the childcare rate is subject to change under this agreement.

My scheduled payment arrangement is: Weekly _____ Monthly _____ One time _____

Payment method: **Credit card** _____

Bank account _____

Cardholder Name

Name on account

Credit card type

Bank or Credit union name [] []
Checking/Saving

Credit card #

Exp. Date

Account #

Routing Transit #

Parent Signature: _____ Date: _____ Relationship: _____

Parent Signature: _____ Date: _____ Relationship: _____

**** Are there any other persons responsible for paying this account other than person signing this agreement? () yes () no If yes, please fill below**

Name: _____ address: _____ phone: _____ Signature:

Relationship: _____