

Kool Kidz Adventure Academy
Childcare and Parental Contract
Payment Contract

Child's Name	1 <input type="text"/>	2. <input type="text"/>	3 <input type="text"/>
Monthly Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Part Time Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate 3 set days for P/T Care	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Part-time rates are limited in availability and include 3 SET days per week. Part time rate for School-Age Children during the school year includes 40 hours per month. Any hours over 40 in any month will be charged at a rate of \$8 per hour.

I agree to pay the monthly fee on the following schedule: (Please initial the statement following your choice).

Payment Option 1:

By the 1st of the month IN FULL to ensure your childcare (If the first of the month is on a weekend, your payment will be due the 1st business day of the month)

* I understand that if I do not pay by the 1st of the month I will be charge a \$10 a day until the 5th of the month and then childcare will be suspended until paid in full.

Payment Option 2:

Bi-Monthly IN FULL HALF AMOUNTS due on the 1st and 15th to ensure childcare (if the 1st or the 15th is on a weekend, payments will be due the 1st business day following the weekend).

* I understand that the first time I miss a payment date in a month I will be charged \$10 a day for the first 5 days and then childcare will be suspended until paid in full.

Payment Option 3:

Weekly payments (monthly tuition divided equally into 4 payments) automatically withdrawn each Friday for the first 4 Fridays in the month

* This payment option is only available for Auto Withdrawal

Payment Options:

Automatic Withdrawal (preferred payment method)

- Cash with a 2.5% charge
- Check with a 2.5% charge
- Debit with a 2.5% charge

*We do not accept credit cards.

Every Payment Plan:

_____ I understand that any default in my payment plan will result in a suspension of childcare until my account is brought current. If my balance is not paid my account will be sent to collections. Additional charges will be applied if my account is sent to collections.

Parent Signature: _____ Date: _____

Kool Kidz Adventure Academy

Office Staff Representative: _____