



**ABC CHILD DEVELOPMENT CENTER
Bluff Park and Wildwood**

ENROLLMENT AGREEMENT

1. It is my desire to enroll _____ in ABC Child Development Center.
2. **WEEKLY TUITION**
I hereby agree to pay on Monday of each week the sum of \$_____. I understand that the rates are subject to change as conditions may require.
3. **LATE CHARGE (S)**
Tuition will be due on each Monday. The tuition becomes delinquent Wednesday at 6:00 p.m. A late charge of \$10.00 will be required upon delinquency. The under signed waives all rights of exemption under federal law and agrees to pay reasonable attorney's fees and cost of collection. Including reasonable interest on any unpaid balance, should collection become necessary. If account becomes two weeks delinquent the child's enrollment will be terminated.
4. **ABSENTEE POLICY**
No reduction in tuition will be made for absences. Full tuition will be due for the weeks in which holidays occur. You may take two weeks a year "vacation time" at one-half tuition fee. Please give advance notice when your child will be out for "vacation time". If the child is present for any part of the week, the entire tuition fee is due.
5. **REGISTRATION FEE**
I understand that an annual registration fee of \$_____ is to be paid at the time of enrollment. This is non-refundable and includes insurance and processing costs. I further understand a new registration fee will be required each September should I choose to keep my child enrolled at ABC Child Development Center.
6. **LATE CHARGES**
I understand that if my remains at ABC Child Development Center past the scheduled closing time, I will be charged (and agree to pay) \$1.00 per minute for the first five minutes and \$5.00 per minute thereafter said closing time of 6 p.m. Parents of children left past 6:30 p.m. without notifying the center will be reported to DHR and the child's enrollment will be terminated.
7. **WITHDRAWAL/DISCHARGE OF CHILD**
Parents may withdraw their child from enrollment upon a two-week notice or upon the payment of two weeks additional tuition. I understand that if my child is absent for two weeks and the appropriate tuition, as specified under "ABSENTEE POLICY" has not been paid my child will automatically be discharged from ABC Child Development Center, and I will be required to pay an additional registration fee prior to re-admission to ABC Child Development Center, provided available opening is same class exists.
8. **RETURNED CHECK POLICY**
I understand that all returned checks are sent directly from **AmSouth Bank to Nexcheck**. I understand and agree to pay **Nexcheck** the amount of the returned check and all fees charged by **Nexcheck**. I understand I must present a receipt to ABC Child Development Center of such payment within five days of being contacted by **Nexcheck**. I understand and agree that after two returned checks, tuition must be paid in cash or money order.

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

Parent's/Guardian's Signature _____ **Date** _____

Social Security # _____ - _____ - _____