

**THE HAYNES ACADEMY**  
CARE SERVICE CORPORATION  
CREATIVE MANAGEMENT OF CHILDCARE PROGRAM, INC.

Financial Agreement

**Weekly Tuition**

This contract is made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ between (Parent/Guardian) \_\_\_\_\_ and Care Service Corporation and or Creative Management of Child Care Programs Inc., for the care of (Name of Child) \_\_\_\_\_ for \_\_\_\_\_ days per week. I agree to pay the amount of \$\_\_\_\_\_ on Monday of each week. I understand that if my child is sick, or otherwise absent from the Center for any reason, on any given day for which I have paid or have agreed to pay tuition, I will not be entitled to a refund or any other prorated refunds of the amounts which are due or which I have paid. I FURTHER AGREE THAT UNDER NO CIRCUMSTANCES WILL I PAY TUITION IN CASH.

**Late Fees**

I agree that if tuition is not paid by the time the center closes on Tuesday, I will pay a \$5.00 a day late fee. If I have not paid my child's tuition in full by Friday of the week in which it is due, my childcare will be suspended. I acknowledge that I will not be allowed to bring my child to the center on the following Monday unless I pay for both weeks including the late fee due from the previous week. I further agree that if I am late in picking-up my child, I will pay \$1.00 per minute in cash to the staff on duty.

**Returned Checks**

I agree to pay my weekly tuition by check or money order. If I have more than (2) checks returned for non-payment by my bank for any reason, I will pay my child's tuition by money order only. For each returned check, I agree to pay the center a \$25.00 returned check fee.

**Authorization**

- (1) PICK-UP: The following persons in addition to myself will be permitted to pick up my child(ren) from the center.

|      |              |                   |
|------|--------------|-------------------|
| Name | Relationship | Daytime Phone No. |
| Name | Relationship | Daytime Phone No. |
| Name | Relationship | Daytime Phone No. |

The following persons are not permitted, under any circumstances, to pick up my child/ children:

| Name | Relationship | Daytime Phone No. |
|------|--------------|-------------------|
|------|--------------|-------------------|

| Name | Relationship | Daytime Phone No. |
|------|--------------|-------------------|
|------|--------------|-------------------|

**(2) Emergencies:**

I acknowledge that I have completed an Emergency Card for my child/ children.

**Arbitration and Hold Harmless Agreement**

Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules, and judgment on the award tendered by the arbitrator(s) may be entered in any court have jurisdiction thereof. I agree to hold Care Service Corporation ("CSC")/ Creative Management of Childcare Programs Corporation ("CMC") harmless for any injury received by my child unless said injury was caused by gross negligence or intentional acts of any person employed by CSC/ CMC.

**Acknowledgement and Tuition and Fee Liability**

By signing my name below I acknowledge that I have thoroughly read this agreement and I understand it and that I am liable for all weekly tuition and fees. I further acknowledge receipt of the Handbook for Parents, and I agree to abide by the policies of the Center contained therein. I also understand that the Parent's Handbook contains further information about fees, which I may be charged. I agree to immediately notify the Center in writing of any changes to the information contained in this agreement.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Signature of the Director

**Receipt**

Received from \_\_\_\_\_ for the amount of

\$ \_\_\_\_\_ to be applied as follows:

( ) Registration Fee: \$ \_\_\_\_\_ ( ) Security Deposit: \$ \_\_\_\_\_

( ) Weekly Tuition for \_\_\_\_\_ weeks: \$ \_\_\_\_\_ in the form of a check number \_\_\_\_\_  
or a money order number \_\_\_\_\_

Received by \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Director/Manager