



CARELOT CLUBHOUSE @ TFS PARENT/GUARDIAN AGREEMENT



1. I/We will pay the total weekly tuition of \$ _____.
2. I/We will be required to pay a non-refundable registration fee of \$50.00 and a one week tuition deposit at the time of enrollment. I understand that a second week's tuition deposit will be required within the first month of enrollment.
3. I/We will pay the weekly tuition fee by FRIDAY the week before care is given. Payments made later than Friday at 6:00pm for the next weeks tuition will be automatically charged a \$15.00 late fee. Late fees will be billed regardless of whether the child (ren) attends the program that day.
4. I/We understand that the tuition amount listed in #1 is due each week throughout the school year regardless of vacation weeks/days off or school vacation weeks... If I/we choose to take advantage of extra days or hours during Vacation weeks, Professional Development Days, Summer Break and Holidays TFS is closed and Clubhouse is open, my/our account will be charged accordingly for this extra time. There will not be a credit or reduction of fees for days I do not attend.
5. I understand that pre-payment must be made for any week my child (ren) will be absent from the program for vacation, illness or any other reason. A late fee of \$15.00 will be charged for payment not received. Any child care space not paid for by Friday at 6:00pm of the current week is subject to withdrawal until payment is received.
6. I/We will pay the service charge of \$20.00 for all returned checks and understand that if three (3) checks are returned I/we will be required to make cash payments only.
7. I/We understand that payment is paid in full when discontinuing services for any reason.
8. I/We understand that my two week deposit is refundable only when I/We give the center a written two week notice (at least 10 business days)
9. I/We have received and read a copy of the Family Handbook and agree to abide by all the policies set forth by Carelot Children's Center.
10. I /We have received and read a copy of the health policies of Carelot Children's Center and agree to abide by all policies and regulations set forth by The State of Connecticut Department of Health and Carelot Children's Center.
11. I/We agree to hold Carelot and Staff harmless as to all liability claims; courses of action, including attorney fees and any medical expenses resulting from injury caused by care (provided the center is in accordance with state and federal regulations.)

Please complete # 12, 13, 14, and 15

12. I/We understand that I/we will receive an end of the year receipt for tax purposes unless otherwise specified.
 YES, I would like receipts monthly for my child care payments **No**, A year end receipt is sufficient
13. I/We understand that photographs of the children participating in the programs may be taken from time to time and may appear in classroom projects, center activities, newspaper events and publicity materials for Carelot Children's Center & Carelot Clubhouse
 YES, Carelot may take pictures of my child (ren) **NO**, Carelot may not take pictures of my child (ren)
14. My child(ren)'s hours will be _____ am to 9:30am to 3:30pm to _____ pm on the following days: **M T W TH F**
 My child(ren) will also attend the **12:30pm-3:30pm** extended Wednesday Programs **YES NO**
 My child(ren) hours will be _____ to _____ during vacations or summer camp.
15. I understand that I must notify the **office** a minimum of one week in advance of **any schedule changes** that will occur.
 (A written one week notice is required for such changes)
16. Child's SS# _____ Mother/Guardian's SS # _____ Father/Guardian's SS# _____

I/We have read and understand all the policies stated above and agree to abide by these policies

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Child(ren)'s Name(s): _____

Center Representative Signature: _____ Title: _____ Date: ____/____/____