



# PAY SCHEDULE & PARENTAL AGREEMENT

**Registration Fee: \$55 per family due at the time of enrollment**

Child's Name	Weekly Rate	Days Attending	Class	Hours
	\$	M T W T F		From To
	\$	M T W T F		From To
	\$	M T W T F		From To
	\$	M T W T F		From To

I agree to pay a total weekly tuition of \$ \_\_\_\_\_ per week to be paid weekly, bi-weekly, monthly in advance. \_\_\_\_\_ (initial)

I agree to keep my account current at all times. Payments received after Tuesday will incur a \$20 late fee. I understand that if payment is not received by Friday my child's position in the program may be filled. \_\_\_\_\_ (initial)

I agree to keep all information pertaining to my child; my address, emergency contact information, and all phone numbers current at all times. \_\_\_\_\_ (initial)

I understand that the health department requires that current immunizations be kept on file at all times. I agree to provide a current immunization form #3231 upon enrollment and to replace this form each time new immunizations are due. \_\_\_\_\_ (initial)

I agree to give two (2) weeks written notice when I choose to remove my child from the program or pay a fee equal to two weeks tuition at the time of disenrollment. I understand that there will be no additional fees incurred if Oak Grove dismisses my child for reasons such as non-payment, behavior, or other reasons other than the parents own choice. I understand that upon returning to the program after disenrollment, I will be subject to an enrollment fee of \$55. \_\_\_\_\_ (initial)

I agree that all medication must be signed in on the medication authorization form and turned in for storage in the medicine box. No medications may be left in my child's bag/cubby, as it poses a health risk for children. \_\_\_\_\_ (initial)

I understand that should I pick my children up from Oak Grove after closing hours, I will be subject to additional fees as described on the rate sheet included in this package and fees are payable upon pick up. \_\_\_\_\_ (initial)

I understand that childhood accidents and incidents occur in the course of play, and agree to hold Oak Grove Child Development Center and DP Kids Inc harmless to such circumstances. \_\_\_\_\_ (initial)

I have reviewed the daily program and policies of Oak Grove Child Development Center. I hereby grant Oak Grove permission for the above named child to take part in all program activities, including the use of indoor and outdoor equipment, and to be photographed or videotaped in connection with daily program activities. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Oak Grove Representative Signature Title