

**A Place To Grow Children's Center
Application for Childcare Services**

Each family must have a pre-enrollment conference with the director or assistant director to exchange information about the center's program and the specific needs of the child. The following information is requested to assist the center in providing the best possible individualized care for your child. Please feel free to add any additional information that might be relevant to childcare.

Child's Name: _____ Birthdate: _____

If your child will attend on a regular schedule, please indicate below. In addition, each child MUST be signed up to attend on the weekly sign up sheets.

Monday	Tuesday	Wednesday	Thursday	Friday

Has your child had experience being cared for in a group setting, by a relative, or a non-relative? (Circle)

Has your child had any negative experience with childcare that may affect his/her adjustment to our center? _____

Does your child have any allergies? _____

Please list any pertinent information which will help us promote your child's physical, emotional, social and intellectual wellbeing (potty training successes or difficulties, attachments, special likes/dislikes, home languages, religion, family structure and culture) _____

Has your child received Birth to Three services? Yes _____ No _____

Is your child receiving services from any outside agencies? Yes _____ No _____

Does your child have an IEP? Yes _____ No _____

Do you have any concerns about your child's development? Yes _____ No _____

Other children in the family

Name	Age	Gender
1. _____	_____	_____
2. _____	_____	_____

I have completed the pre-enrollment visit and conference to exchange relevant information on the center's program and my child's needs. I will continue to communicate with the center concerning any changes in my child's situation that may affect his/her needs while attending the center.

Parent/Guardian's Signature _____
Date

Director/Administrator's Signature _____
Date

Application Accepted Yes _____ No _____ Pending _____

Last date of attendance _____

A Place To Grow Children's Center
EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip _____

Home Telephone: _____ Child's Gender _____ SS# _____

Mother's Name: _____ SS# _____

Email address: _____

Place of Employment: _____ Work # _____

Address: _____ City _____ State _____ Zip _____

Job Title: _____ Work Hours: _____

Father's Name: _____ SS# _____

Email address: _____

Place of Employment: _____ Work# _____

Address: _____ City _____ State _____ Zip _____

Job Title: _____ Work Hours: _____

Legal Custody of Child: _____

Please include copy of court order in effect

Individual to contact if parents can not be reached in case of emergency:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Name of Child's Doctor: _____ Phone: _____

Address of Child's Doctor: _____

Street City State Zip

Child's Health Insurance _____ Health Insurance ID _____

If emergency medical care is necessary, and I can not be contacted, I authorize the staff member in charge to act in my behalf in granting permission for my child to receive emergency treatment or surgery. If possible, please take my child to following medical facility _____. I understand that the nearest facility will be used if further transportation would jeopardize my child's safety.

X _____
Parent/Guardian Signature

Date

Special Instructions for Pick-Up

Child's Name _____ Birthdate _____

In addition to the custodial parents, I authorize the following individuals to sign my child out of the center on a daily basis. I authorize A Place To Grow to discuss financial account/payment information with these individuals upon pick up/drop off.

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Only people on this list may pick up this child from the center. A Place To Grow may give these people account statements or disclose account status to these people.

X _____
Parent/Guardian's Signature _____ Date _____

Permission to photograph

A Place To Grow uses audio and video monitoring for quality assurance purposes in our center. The center may take photographs/video and audio of the children during special events or projects for use within the center or in advertising. A Place to Grow holds all video/audio and photos as confidential and will not release without a parent/guardians consent except if required by law in case of an investigation by the West Virginia Department of Health and Human Resources or court subpoena.

As Parent/Guardian of _____, I consent for this child to be video and audio taped and /or photographed for use within the center only. A Place To Grow will ask for further consent before releasing these audio and video recordings and/or photos for another purpose.

Parent/Guardian's Signature _____ Date _____

ONLY COMPLETE THIS FORM IF YOU HAVE A MOUNTAIN HEART CHILDCARE CERTIFICATE

A Place To Grow Children's Center

Addendum to Parent Agreement for Mountain Heart Childcare Services Clients

This addendum serves as a contract between A Place To Grow Children's Center and Mountain Heart Childcare Services clients.

Child's Name _____

I understand that all parent fees are due in advance and my child may not attend A Place To Grow until my parent fees are paid for that day

I understand that my Mountain Heart Childcare Certificate only pays for childcare while custodial parents are at work or school (with reasonable transportation time) Therefore, I must come directly from work/school to pick up my child each day. A Place To Grow will routinely verify work hours with employers. If unable to verify with an employer, parents will be required to bring in a written schedule or proof of work hours.

I understand that if I go elsewhere after or before work/school I am responsible for notifying A Place To Grow staff of my plans. I am responsible for the childcare fees from the time I leave work until I pick up my child. If I fail to notify A Place To Grow of my after/before work/school plans and either Mountain Heart or A Place To Grow discover I left work/school earlier than pick up time, I will be responsible for the childcare fees for the entire day. (i.e. I leave work at 1:00, but do not pick up my child until 3:00; I am responsible for the entire day at the hourly use rate) **This must be paid in order to return to the center.**

I understand that even if I am working, I am responsible for paying for any hours exceeding the maximum hours indicated on my Mountain Heart Certificate.

I understand that my child(ren) must be signed up on the weekly sign up sheets with the approximate drop off and pick up time on a daily basis. I am only guaranteed childcare space if I have signed up in advance. If I reserve a space for my child and do not plan to attend, I must notify A Place To Grow by 12 noon to cancel my reserved spot. In the event that I do not notify A Place To Grow that my child will not be attending I will pay a \$5 **NO SHOW FEE** to cover the cost of planned meals and staff. **This must be paid in order to return to the center.**

I understand that if I have a full time certificate (20-23 days), my child must attend a minimum of 15 days per month to maintain enrollment with A Place To Grow. In the event I do not use a minimum of 15 days per month, I will withdraw my child from the center.

Parent/Guardian's Signature

Date

Administrator's Signature

Date

A Place To Grow Children's Center
Infant/Toddler (Mixed age group) Enrollment

This form is an addition to our standard enrollment form to be completed for any child under the age of 24 months.

Child's Name _____ Birthdate _____
Today's Date: _____

Welcome to our infant room-the following information will help us make your baby's day comfortable and enjoyable, with as little change to his/her usual routine as possible.

Separation

1. What will help you and your child say good-bye to each other when you leave?

2. Is your child attached to any particular objects, toys or blankets? Please describe:

Diapering

1. What type of diapers do you use? _____

2. Are there any special instructions for diaper changes? _____

Sleeping

1. How will we know your child is tired and needs to sleep? _____

2. Please list your child's usual sleep schedule. _____

3. What helps your child fall asleep? _____

4. We always place infants on their backs to sleep. Is your baby use to sleeping on his/her back?

Yes _____ No _____

We welcome breast feeding moms anytime.....just let us know and we'll provide a comfortable space for you to breastfeed.

Eating

1. Are you currently breast-feeding your child? Yes _____ No _____
If yes, will you plan to come to the center to breast feed? Yes _____ No _____

2. What type of formula do you use? _____

3. Does your child drink water during the day? Yes _____ No _____
If yes, when and how much? _____

4. Is your child eating solid food? Yes _____ No _____
If yes, is your child eating baby food or table foods? _____

5. Please describe your child's usual meal schedule and routine.

6. Please list any food related allergies or sensitivities:

Individual and family info

1. In what position does your child prefer to be held? _____

2. What language do you speak and sing with your child at home? _____

3. What does your child like to do when awake?

4. How do you play with your child?

5. Please list any other cultural or family information that might make your child's day with us more comfortable and enjoyable.

****Please remember we encourage parents to call or stop by anytime they want to!****

Notification Request Form

Pesticide Levels 3 and 4

Level 3 EPA Caution (crack and crevice treatments)

Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance
Of the application of Level 3 or 4 pesticides in your child's day care center?

Please mark the appropriate box and return to the director:

Yes

No

A Notice will be available 24 hours in advance of pesticide application. The notice
will be placed at the register where you sign your child into the center each day.

Child's Name

Parent or Guardian's Name

Address

City State Zip

Phone

A Place To Grow Children's Center
Parental Consent Form For Sunscreen Application

Child's Name _____

As the parent/guardian of the above child, I recognize that too much sunlight may increase my Child's risk for skin cancer later in life.

Therefore, I give my permission for the staff at A Place To Grow to apply Rocky Mountain Sunscreen SPF 30 to my child, as specified below, when he or she will be playing outside, Especially during the months of April through September and between the hours of 10 a.m. And 4 p.m.

I further understand that sunscreen may be applied to exposed skin including but not limited To the face, ears, bare shoulders, arms and legs.

Please check all applicable boxes regarding the type and use of sunscreen for your child:

- I have consulted with my child's health care provider, and I do not know of any allergies or allergic reaction my child may have to Rocky Mountain Sunscreen SPF30

- A Place To Grow staff may apply Rocky Mountain Sunscreen SPF30, certified by the AMC Cancer Research Center as a top-quality sun protection product, to my child as described above.

- NO FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES.

Parent/Guardian Full Name (please print)

Parent/Guardian Signature

Date

Program Year 2023-2024
West Virginia Department of Education
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TANF, follow these instructions:

- Part 1:** List child(ren)'s name, date of birth, grade, and school, center, or camp.
Part 2: Check the appropriate box and list the 10-digit Food Stamp or TANF case number.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is not necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.
Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

If you are applying for a child who is HOMELESS, MIGRANT, or a RUNAWAY, follow these instructions: check the appropriate box and call your county contact at the phone number listed in Part 3 of the application. Fill out the rest of the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, date of birth, grade and school, center, or camp.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose.

If some children in the household are foster children:

- Part 1:** List all children in the household (including foster children), date of birth, mark box if foster child, grade, and school, center, or camp.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the contact number listed.
Part 4: Follow these instructions to report total household income from last month.
Column 1—Name: List all household members.
Column 2—Last month's income: List the types of income your household received last month. *Employment Income:* List the gross income each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from all other sources. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.
Last Column—Check if no income: If the person does not have any income, check the box.
Part 5: An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.
Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, date of birth, grade and school, center, or camp.
Part 2: Skip this part.
Part 3: Check a box only if it applies.
Part 4: Follow these instructions to report total household income from last month.
Column 1—Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. Attach another sheet of paper with household members if required.
Column 2—Last month's income: List the types of income your household received last month. *Employment Income:* List the gross income each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from all other sources. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.
Last Column—Check if no income: If the person does not have any income, check the box.
Part 5: An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.
Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

Free and Reduced-Price Household Application for 2023-2024 – West Virginia Dept. of Education
 USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

1. Names of ALL Children in School, Center, or Camp

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

2. SNAP/TANF NUMBER

If any member of your household receives SNAP or TANF, indicate which program and provide the 10-digit case # (If any, SKIP TO PART 5)

SNAP TANF

3. HOMELESS, MIGRANT, RUNAWAY

If the child you are applying for is homeless, migrant, or runaway, check the appropriate box and call your county contact at _____ Homeless Migrant Runaway

4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Total Number of Persons in Household _____ Total Monthly Income Before Deductions \$ _____

5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Signature _____ Today's Date Last 4 Digits of Social Security Number I do not have a Social Security Number

Printed Name _____ Home Phone Number _____ Work Phone Number _____
 Mailing Address _____ City _____ State ZIP Code _____

6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)

Mark one or more racial identities from this group:
 Asian American Indian or Alaska Native White
 Black or African American Native Hawaiian or Other Pacific Islander
 And mark one ethnic identity from this group:
 Hispanic or Latino Not Hispanic or Latino

7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)

Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

Do not fill out this part. This is for sponsor's use only. Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility: -OR- Income Eligibility: Free Meals
 Reduced Meals
 Denied: Reason: _____

Signature/Stamp of Approving Official _____ Date Approved _____ Date Withdrawn _____

Verification: Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date _____

Free and Reduced-Price Household Application for 2023-2024 – West Virginia Dept. of Education
 USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

8: Free and Low-Cost Health Care

If your children get free or reduced price school meals, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children's Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit www.chip.wv.gov You may also apply online at www.wvinroads.org.

Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.

FEDERAL INCOME CHART For School Year July 1, 2023 – June 30, 2024					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
 fax:
 (833) 256-1665 or (202) 690-7442; or
2. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

A Place To Grow
PO Box 1582
Oak Hill WV 25901

Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your bank or credit card statement. You agree that no prior-notification will be provided if the total payment is under _____. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ (full name) authorize A Place To Grow to charge/debit my account

indicated below on Monday weekly / bi-weekly / monthly (choose one) for payment of my Child Care Account.

I understand that I will only receive advance notice of the charge if it exceeds _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

- Checking Savings

Name on Account _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Routing Number _____
XXXXXXXXXX 000 123 4567 8901

Credit Card

- Visa MasterCard
 Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Rapid Developments Inc, DBA A Place To Grow in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Rapid Developments Inc, DBA A Place To Grow may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card company, provided the transactions correspond to the terms indicated in this authorization form.

A Place To Grow Children's Center
Parent/Guardian Financial Agreement

I agree to pay a \$20 non-refundable enrollment fee: _____ paid

I agree to pay a \$20 non-refundable re-enrollment fee: _____ paid

I would like to enroll the below named child to attend A Place To Grow under the category marked Below. I have read the Parent Handbook and I understand and agree to abide by the terms of this enrollment.

Child's Name: _____ DOB _____

Enrollment Category (please initial one):

Any changes in enrollment category require a \$20 re-enrollment fee and prior approval of the director

_____ Deluxe Full Time (unlimited hours of attendance on a weekly basis; 10 days vacation maximum annually)

_____ Standard Full Time (45 hours of attendance on a weekly basis; 10 days vacation maximum annually)

_____ Part Time (25 hours of attendance on a weekly basis; 10 days vacation maximum annually)

_____ Big Kids Club (10 hours of attendance on a weekly basis; 10 days vacation maximum annually)

_____ Big Kids Club Plus (15 hours of attendance on a weekly basis; 10 days vacation maximum annually)

_____ MountainHeart Childcare Certificate (enrolled to attend on a need only/space available basis; must be scheduled to attend each week)

Parent Fee: _____

I agree to pay the current rate for the chosen enrollment space above according to the payment schedule marked below (please initial one):

_____ Weekly in advance

_____ Bimonthly in advance (twice a month)

_____ Monthly in advance

_____ Other (please describe) _____ (Director must approve)

I agree to pay \$10 late fee per week for any payments not made within three days of this agreed time until the account is paid in full. In the event that I do not pay my entire bill in a timely manner, I agree to pay any and All collection fees, attorney fees and/or court cost incurred in collecting my account.

I agree to pay a \$5 charge (per child) for every 5 minutes past closing that I am late picking up my child(ren). This fee applies to the first minute past closing and must be paid to return to the center.

I agree that if I sign a field trip permission form for my child to participate in a field trip, all related fees will be Added to my account and subject to all of the above collection costs.

Parent/Guardian Signature

Date