



ENERGY CAPITAL
COOPERATIVE
CHILD CARE

Dear Parent:

Your child _____, with submission of a \$200.00 deposit fee and a signed and dated contract is now enrolled at Energy Capital Cooperative Child Care. The deposit fee will be applied to your \$100 yearly supply fee and the first week of tuition.

Verification of your child's identity must be provided via birth certificate or passport. All paperwork must be submitted prior to your child's first day of attendance.

Tuition for your child is \$_____ per week. You may pay tuition weekly, bi-weekly or monthly. If your child is absent due to illness or vacation, payment is still required. Tuition is due Friday prior to the week of care. A \$15 late fee will be assessed on Monday at noon if payment has not been made. Tuition can be paid by check, cash, ACH (preferred method) or debit/credit card. There is a \$1.75 convenience fee for each transaction to use a debit or credit card.

Please initial each of the statements as a confirmation that you have read and understand its contents:

_____ Deposit fees are non-refundable

_____ Enrollment forms will only be accepted with Deposit fees

_____ Tuition is due Friday of the week before care is provided. No refunds are given on unused tuition. A late payment fee of \$15 will be charged for tuition not received by noon on Mondays.

_____ Two full weeks written notice is required when a parent wishes to end services. I understand that I am responsible for a full 2 weeks of tuition in the event that I do not provide this notice.

_____ I understand that the program opens at 5:30am and closes at 6:30pm. I will be responsible for the late fee (\$1 for every minute late) if my child is left on site after 6:30pm.

_____ In case of emergency, I understand that if it is medically necessary, I the parent/guardian, am responsible for any bills that arise.

_____ I understand that ECCCC has the right to terminate services if the needs of the child cannot be met through reasonable accommodation.

_____ Tuition rates are subject to change. Parents will receive written notice 30 days in advance of any changes.

_____ I understand that I must make contact with my child's teacher before removing my child from the classroom or playground.

_____ I understand I need to call the center if my child will be absent or late.

_____ I understand all paperwork must be kept up to date and be filled out completely before my child can attend.

_____ I understand that ECCCC is no responsible for lost personal items.

_____ As a parent or guardian, I hereby release Energy Capital Cooperative Child Care from any liability for injury, loss or damage.

_____ I understand it is my responsibility to read the Parent Handbook in full and to follow the policies outlined.

THIS CONTRACT MAY BE TERMINATED WITH TWO FULL WEEK WRITTEN NOTICE.

I have read and understand the information stated above. I agree to the terms of this contract letter and understand that my signature below will formally constitute a binding contract between Energy Capital Cooperative Child Care and myself.

Child's Name _____ DOB _____

Address _____ Phone _____

Signature of parent/legal guardian _____ Date _____