



## Tuition Agreement Child Development Center (CDC)

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Select Care Schedule:     Lullaby     Wiz Kids     Care Bears     Lollipop

Hours of Operation: Monday through Friday, 6:00 AM to 6:00 PM

Please indicate below when services are needed. Please circle AM or PM for both the Time In and Time Out columns.

Day	Time In	Time Out	Total Hours
Monday	_____ AM PM	_____ AM PM	
Tuesday	_____ AM PM	_____ AM PM	
Wednesday	_____ AM PM	_____ AM PM	
Thursday	_____ AM PM	_____ AM PM	
Friday	_____ AM PM	_____ AM PM	

**PLEASE NOTE:**

- This Tuition Agreement is a written contract.
- If your child is at the CDC for hours beyond those outlined in this Agreement, you will be billed for those additional hours, as well.
- Payments are due one week in advance.
- We bill for all days your child is scheduled to attend, even if your child does not attend, including sick days.
- If your child is at the CDC additional hours due to school closings, you will be billed for those additional hours, as well.
- We do charge for holidays if they fall in a regular schedule week. (If a decision to the contrary is made by the chief executive officer, notices will be forwarded to CDC parents and will be posted throughout the agency.)
- If your child has planned time off, you must submit a Vacation Notice to the manager of the CDC. This notice must state which day(s) your child will be out and the first day they will be back at UMCH. Please submit this vacation notice in writing at least two weeks prior to the scheduled time off. The manager will inform the teachers and the finance department if your child has a planned absence.
- It is your responsibility to update your tuition agreement if needed.
- Tuition rates are billed weekly, according to the number of hours for which your child is enrolled. You will be billed in one of the following ranges:    0-20 Hours / 21-45 Hours / 45 + Hours
- It is your responsibility to submit a Withdrawal Notice two weeks in advance if you plan to end your child's care at the CDC.

Number of care hours requested for your child, per week: \_\_\_\_\_

You will be billed an amount of \$ \_\_\_\_\_ for these scheduled hours, on a weekly basis.

Your child's first day of care will be: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE: Your initial payment is due 1 week before the first scheduled day of care.**

By signing below, I understand and agree that the Tuition Agreement is an ongoing contract, unless otherwise noted herein in writing. I further understand and agree that I will be charged and billed each week for tuition amounts outlined herein, until a formal Withdrawal Notice has been submitted to the manager of the CDC.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Program Manager: \_\_\_\_\_

Date: \_\_\_\_\_