

# OLD DOMINION DAY SCHOOL INC.

74 Barclay Place Court Charlottesville, Virginia 22901

PLEASE READ THIS AGREEMENT CAREFULLY BEFORE SIGNING. The conditions of this Contract Agreement provide protection for our parents and for the Center. To assure that we can provide services for your child, it is essential that the financial status of the Center is stable. The Center's wages and overhead expenses cannot be reduced because of "Absentee Losses" in income. In essence, this agreement is a parental guarantee to the Center that you will financially support your child's enrollment space.

I, THE PARENT, GUARDIAN/OR RESPONSIBLE PARTY, AGREE TO THE FOLLOWING:

## REGISTRATION FEES

I will pay an initial non-refundable registration fee according to the current tuition fee schedule. I will pay the posted annual registration fee upon annual anniversary date of enrollment for as long as my child is enrolled.

## TUITION FEES

Tuition fees are to be paid by one of the following payment options as indicated:

- ACH DEBIT TRANSACTIONS:       WEEKLY       BI-WEEKLY       MONTHLY  
 MONTHLY CHECK PAYMENTS  
 WEEKLY CASH PAYMENTS

Tuition fees paid by ACH DEBIT TRANSACTIONS will be processed on WEDNESDAY'S.

Tuition fees paid by monthly check payments or by weekly cash payments are due by **2:30 pm on TUESDAY** during the current week of service and *any tuition not paid by 2:30 pm on TUESDAY will result in a \$20.00 late payment fee.* And further, tuition fees (*regardless of weekly schedules*) must be submitted by noon on WEDNESDAY in order to maintain enrollment.

I will pay the weekly tuition fee of \$ \_\_\_\_\_ with **NO DEDUCTIONS** for absences including sickness, vacations, holidays, inclement weather, and/or other emergency situations as determined by the administrator and/or state licensing when the center is closed.

I will be responsible for published fees of any additional hours of care beyond the contracted schedule.

I agree to pay a \$25.00 fee for any returned checks or returned ach debits. I agree that if more than two (2) checks or ach debits are returned on my account, I will pay all future tuition by cash payment.

If I withdraw my child from the Center, I agree to give two (2) weeks written notification before withdrawal. If written termination notification is not given, I will pay two (2) weeks tuition before withdrawal.

If legal proceedings are required to collect any unpaid balance, I agree to pay said balance with current interest rates from the date the balance is due, and all costs of collection including reasonable attorney fees. Despite the circumstances, it is my responsibility to pay any fees or unpaid balances that are not paid by third-party payers.

It shall be my responsibility to pay any increased fees as posted. Fee increases will be posted at least two weeks before proposed changes.

## SPECIAL CONDITIONS

I grant permission for my child to: a) be included in evaluations and pictures connected with the Center, b) leave the Center premises under staff supervision for neighborhood walks or field trips in an authorized vehicle, and c) use all play equipment and participate in Center activities.

I understand reasons for the Center to cancel child care services may include, but not be limited to: a) the child has difficulty in adjusting to the Center program, b) the child's behavior endangers other children, staff or self, c) parent/guardian refuses to seek assistance for chronically ill child, d) parent/guardian refuses to cooperate with or is not supportive of the Center and its program, e) parent/guardian's failure to provide documents required by the State of Virginia as outlined in the PARENT HANDBOOK, f) parent/guardian fails to disclose information vital to child's safety and/or well-being, g) parent/guardian fails to meet financial obligations to the Center, h) parent/guardian's behavior threatens and/or endangers children and/or staff, and/or i) parent/guardian's behavior maligns Center reputation.

In an emergency, the Center has my permission to administer care as it sees fit for the best interest of the child. Medical expenses due to illness or accident are the parent/guardian's responsibility.

When custody of the child is legally ordered by a court system, I will provide a copy of legal custody papers to the Center.

I hereby apply for enrollment of my child, \_\_\_\_\_, enrollment date of \_\_\_\_\_, for hours of care between \_\_\_\_\_ AM and \_\_\_\_\_ PM for the following days:  
 MONDAY       TUESDAY       WEDNESDAY       THURSDAY       FRIDAY

I have received a copy of the PARENT HANDBOOK. THIS CONTRACT and PARENT HANDBOOK sets forth the agreements and conditions between the parties.

SIGNATURE OF FATHER/GUARDIAN \_\_\_\_\_  
Social Security # \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Home Address (No PO Box) \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

SIGNATURE OF MOTHER/GUARDIAN \_\_\_\_\_  
Social Security # \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Home Address (No PO Box) \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

OLD DOMINION DAY SCHOOL INC. agrees to accept this child into the Center program based on conditions as outlined in this contract and in the Parent Handbook, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.