

FINANCIAL AGREEMENT

Please Print Clearly with Blue/Black Ink Only

Facility Name: Little's Learning Safari Director: Peggy Carty Operation No.: 1592399

Child's Name: _____ Birthdate: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

PARENT CONTACT INFO

Mother's Full Name: _____ Phone: _____
Employer: _____ Work Phone: _____ ext. _____
Work Hours: _____ Cell Phone: _____

Father's Full Name: _____ Phone: _____
Employer: _____ Work Phone: _____ ext. _____
Work Hours: _____ Cell Phone: _____

CONTRACTED CARE

_____ Monday: _____ am - _____ pm
_____ Tuesday: _____ am - _____ pm
_____ Wednesday: _____ am - _____ pm
_____ Thursday: _____ am - _____ pm
_____ Friday: _____ am - _____ pm
_____ Saturday: _____ am - _____ pm (Prior Approval ONLY)
_____ Sunday: _____ am - _____ pm (Prior Approval ONLY)
_____ Drop In Care or Back Up Care ONLY (Dates/Times will vary)

I understand by selecting this option, there is no guaranteed slot reserved for my child and that I will need to call daily to verify if there will be room for my child to attend that day's care.

CONTRACTED CARE

I, _____ agree to pay:

\$ _____ Daily \$ _____ Weekly \$ _____ 1st/15th \$ _____ Every 2 Weeks \$ _____ Monthly

_____ I will pay via: (circle one) CASH MONEY ORDER

_____ I want to pay online via www.childcarepay.com.

Send an invoice to the following email: _____

By selecting online pay you will have the option to pay each invoice manually or set up automatic payments.

Parent Signature _____ Date _____

I understand that if I miss a scheduled payment, a late fee of \$ _____ per day will be applied.

All tuition fees and late charges are required to be paid prior to the next week's care.