



Child Care Financial Agreement

I, _____, wish to enroll my child _____ in Dynamic Works Before/After School Program, I have received and read a copy of the Fee payment and policies. I understand and agree to comply with the following policies:

I will pay a weekly fee of _____ for my child _____ Between the hours of 7:30 am and 6:00 pm Monday through Friday. I understand that if my child is left at the center after the normal hours that have been stated above then I understand that a late fee of \$5.00 per 1 minute will be charged and applied to my child's account.

I agree to pay the full fee week for weeks containing a major holiday and any time the academy is closed for training, unexpected delays, closings due to inclement weather or major disaster, that will result in the center being closed. This includes the following holidays: **New Years Eve, New Years Day, Christmas Eve, Christmas Day, Thanksgiving, The day after Thanksgiving, Memorial Day, Good Friday, Martin Luther King Day, Labor Day, July 4th**
All closing dates will be posted in advance.

I understand that there is no reduction in fees for sick days or absences, center closing, or family vacation days.

I understand that if weekly tuition payment is not received on Friday of each week, A \$15.00 late fee will be added to my child's account per day until payment is received. I also understand that my child will not attend DWCA programs until weekly tuition and late fees incurred are paid in full.

I understand that on the 10th business day of non-payment of delinquent tuition and all late fees incurred, my child will automatically be disenrolled from DWPS programs. I will be fully responsible for my child's delinquent tuition and late fees incurred and Non-Advance Notice Withdrawal fee. *(2 weeks tuition will be added to your child's account.)* I will also be responsible for any legal fees needed to obtain payment.

In the event if I withdraw my child from the program, I agree to give DWCA (2) two weeks advance notice. I understand that if I do not provide DWCA with (2) weeks advance notice of withdrawal of my child I will be responsible for (2) two weeks tuition payment. *(Non-Advance Notice Withdrawal Fee)*

Parent/Guardian Full Name _____

Date: _____

Parent/Guardian Signature _____

Date of Birth _____

Photocopy/Driver License/Picture ID Required: