



After reading the Parent Handbook and Enrollment Forms please read over this Family Agreement. Sign, date and return this copy to Pittsville Child Care Center Director. This agreement will be kept on file and you will receive a copy.

Start of Agreement: \_\_\_\_\_ Trial Period Ends: \_\_\_\_\_ Effective Until: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Registration fee: \$50 per family, \$25 for single child for year round. \$40 per family, \$20 for single child **For Summer Care Only** - due with initial enrollment application or with annually renewal application on Sept 1st. Registration is not complete until the non-refundable registration fee is paid.

_____ \$25 single	_____ \$50 family	_____ \$20 single - Summer Only	_____ \$40 family - Summer Only
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Child Care fees are to be paid in advance by Friday for the following week's services. If a payment is not received by Friday, \$25 per day will be charged for each day payment is not made. If a portion of the fee will be paid by a third party, such as an employer or the county, that payment will be accepted on a prearranged schedule coordinated with the Director.

**Payments may be made by Exact Cash, Check or by Credit/Debit (online through RevTrak, fees apply).**

### Payment Choices

There are three payment choices available. Charges will be calculated weekly based on your decision.

	0 - 18 months	18months - 3 Years	3 - 5 Years	4k Students	5 - 13 Years	Before School	After School
___ Weekly	\$180	\$178	\$175	\$103	\$165	Calculated	Calculated
___ Full Day	\$40	\$39	\$38	\$35	\$34	\$3.75	\$6.75
___ Half Day	\$24	\$23	\$22	\$21	\$20	-----	-----

### Monthly Schedules

All families are required to supply monthly calendars. These must be submitted by the 25th of the previous month. All fees will be based off of the monthly schedules. To add a day, you must contact the



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Director ahead of time. Extra fees will be charged. If you wish to cancel or change the schedule, this must be done two weeks prior to the expected date. Otherwise all normal fees will be charged.

**Time of Drop-off/Pick-up**

Please indicate the time of drop-off\_\_\_\_\_ am/pm & pick-up\_\_\_\_\_ am/pm. You must submit in writing if you need to make adjustments to these times.

**Part-time**

If you will be selecting part-time or half-days please circle which days of the week you wish to attend.

MON TUE WED THUR FRI

**Center Hours**

The Pittsville Child Care Center will be open Monday through Friday 6:00 a.m. to 6:00 p.m. from January through December. The PCCC will be closed on the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Eve, Christmas Day and New Year's Eve. If PCCC closes due to holiday or other, you **WILL NOT** be charged for that day.

**Discharge of Enrolled Children**

A child may be discharged from the center for reasons such as, but not limited to:

- Failure to pay fees on time (grounds for immediate termination, without advance notice).
- Lack of parental cooperation.
- Inability of child care program to meet the needs of the child. Staff will consult with the parent concerning how any problems might be solved before ending the care arrangement. The parent will be referred to other community resources.
- Repeated failure to pick up the child at the scheduled time or after the third pick-up of later than 6:00 pm.
- Failure to complete and return required forms (grounds for immediate termination, without advance notice).

PCCC will give a two week written notice of intent to discharge a child and try to inform parents of local resources, except when the discharge requires an immediate termination. Should the parent remove the child during the notice period initiated by the center, fees will not be charged for the remaining unused days. Parents must give a two week written notice (verbal will not be accepted) of their intent to withdraw the child(ren), and are required to pay for those two weeks regardless of attendance. All outstanding fees must be paid. Any accumulated vacation will not be honored during the two week notice.

I have read and understand the information on the Family Agreement. I agree to abide by the terms, policies and all financial responsibilities related to the child care provided.

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Parent/Guardian Name (Print):\_\_\_\_\_

Driver License ID #:\_\_\_\_\_