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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Care Fee Agreement** | | | | | | | | | | | |
| First Middle Last  Child’s name: | | | | | | | | | | | |
| First Middle Last  Parent or guardian name: | | | | | | | | | | | |
| First Middle Last  Parent or guardian name: | | | | | | | | | | | |
| Days and times my child will receive care: | | | | | | | | | | | |
| Check days of care | Monday | Tuesday | | | Wednesday | | Thursday | | Friday | |
| Arrival time |  |  | | |  | |  | |  | |
| Departure time |  |  | | |  | |  | |  | |
|  | | | | | | | | | | | |
| Fee: $      per: Month | | | | Date payment due: The first working day of each month | | | | | | | |
| Source of payment: Parent Other (specify):  Checks must be written to: Orion Education LLC | | | | | | | |
| Overtime rate: $       per | | | | | | Late payment or NSF fee: $50.00 plus any expenses  Late arrival fee: $3.00 per minute for the first 30 minutes and $5.00 per minute after the first 30 minutes | | | | | |
| Deposit and other Fees: $200.00 Food cost; $195.00 Registration fee $1195.00 Deposit | | | | | | | | | | | |
| I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.  I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Shanta Pathak | | | | | | | | | | | |
| Parent or guardian signature | | | Date | | | Parent or guardian signature | | | | Date | |
|  | | | | | | | | | | | |
| I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information. | | | | | | | | | | | |
| Licensee signature | | | | | | | | Date | | | |
| Street address City State Zip code | | | | | | | | | | | |
| Comments | | | | | | | | | | | |