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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 |       |       |       |       |       |
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| 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      |