

Financial Agreement : For Riverside Educational Development Center

Parents Name: _____

Number of Children Enrolling: _____

Children's names: _____, Age _____ Progam _____

Children's names: _____, Age _____ Progam _____

Children's names: _____, Age _____ Progam _____

I agree to pay yearly, (November) non-refundable **Registration fee** of \$100 for full time _____ Paid

Registration Fee: \$80.00 for part-time or after care, Yearly (November). _____ Paid

Supply Fee: \$35.00 _____ Paid **Cot Fee:** 30.00 _____ Paid **Camera Fee:** \$50.00 _____ Paid

Total _____

Please initial each of the following:

_____ I agree to pay a weekly rate of: _____ per child, by check , cash or credit card.

_____ I agree to pay a Supply Fee January and July \$35.00

_____ I understand my payment is due every Friday, for the next week of care.

_____ I have placed a credit card on file and I understand if I did not pay Friday, then on Tuesday my credit card will be run that is on file, with a charge of \$10.00 per day until such payment is received.

_____ I give Riverside to run my credit card every Friday for the amount of: _____

_____ I hereby agree that by signing this Financial Agreement, that I am in contract with Riverside Educational Development Center for their services and I must give two week notice in writing, prior to removing my child from the center. If notice is not given, I am responsible for the two week tuition.

_____ I agree to still pay tuition, even if my child is absent. No exception, unless you have credits.

_____ I have been given admission packet with all information.

_____ I hereby agree that the center closes at 6:00 p.m. and my child must be picked up before or at that time, If picked up late, I agree to pay the charge of \$1.00 per minute for each minute I am late per child.

_____ I agree to have my child there no later than 9:00 a.m. unless I have a doctor excuse or cleared it with the director.

_____ I agree to pay \$45.00 per NSF checks. After 2 NSF checks, must use credit card, cash or money order.

_____ If collection action is taken on my account, I understand I will be responsible for the cost and the additional fees such as but not limited to, court, attorney or collection services.

_____ I certify that I have read, understand and agree to the financial terms and conditions of Riverside Educational Development Center:

Please Print Name: _____

Date: _____

Parent/ Responsible Party

Riverside/ Owner
