

District of Parry Sound



CHILD CARE RESOURCES FINANCIAL AGREEMENT

This Financial Agreement between:

*District of Parry Sound Social Services Administration Board
and
the Parent/Guardian is for:*

(child/ren's names)

to receive child care at the following program(s):

- | | | | |
|--|--------------------------|--------------------------------|--------------------------|
| Waubeeek Early Learning and Child Care Centre | <input type="checkbox"/> | | |
| First Steps Early Learning and Child Care Centre | <input type="checkbox"/> | Sundridge After School Program | <input type="checkbox"/> |
| Highlands Early Learning and Child Care Centre | <input type="checkbox"/> | Evergreen After School Program | <input type="checkbox"/> |
| Fairview Early Learning and Child Care Centre | <input type="checkbox"/> | Fairview After School Program | <input type="checkbox"/> |
| Home Child Care Program (indicate Provider) | <input type="checkbox"/> | _____ | |

We understand and agree to comply with the following policies:

Please initial

- Upon enrollment, to pay 50% of the monthly parental fee, to be held on account until your child has been discharged from the program. Deposit amounts may be adjusted periodically to reflect a change in parental fees.
*Currently the deposit amount required is \$_____. _____
- To ensure that fees are paid weekly, bi-weekly or monthly **and** in advance, Please check your preferred frequency of payment.
Weekly _____ Bi-weekly _____ Monthly _____
*Based on your selection, your current prepayment amount is \$_____. _____
- Payment by Interac or post-dated cheques is encouraged. _____
- Outstanding accounts of more than 15 days may result in immediate termination of child care arrangements. _____
- To pay an additional \$25.00 fee for any Non-sufficient Funds (NSF) cheque. _____
- To comply with the Child Care Resources "Attendance Policy", regarding allowable absences for the calendar year.
*Please note there is **no absent** day allowance for Before or After School Programs. _____

Signature of Parent/Guardian

Date

Signature of Witness

Date