Lake Shore Learning Center (LSLC)
PROGRAM FEE AND WITHDRAWAL CONSENT FORM

I (We), _____(Parents, Guardian, Other), do hereby agree to place _____DOB_____for care in LSLC for the hours of _____to_____on the following days of the week_____(please indicate FT or PT) for the amount of $_____per week or $_____ per day payable on Monday or the first day of care by 6:00 pm. Care will begin on (date)_____.

I (We) understand that there will be a non-refundable **annual** enrollment fee of $35.00 per child. I (We) also agree to pay one week's tuition in advance upon enrollment or upon placement on the waiting list. This tuition can be used for the last week of care upon two week written notice of withdrawal or will be reimbursed in full.

LSLC does accept Community Connection Point. I (We) further understand that although LSLC will bill CCP for me, I am responsible for my bill in its entirety. I (We) agree that any remaining balance on our account, after payments are received from CCP, will be paid in full within a two-week period from notification. When withdrawal is necessary, it is imperative that we receive a written two-week notice informing the Director. If you fail to give two weeks notice, you will be charged your regular weekly fee for the two-week notice period after withdrawal of the child. I (We) have read this agreement and the parent's handbook and agree to abide by all policies and procedures as stipulated therein.

I (We) further understand that if my child is left after the official closing time of 6:00 pm, I must pay $20.00 for the first 10 minutes and $1.00 for each minute after. I understand that this fee is assessed per child and must be paid before the child can return to the center.

I (We) further understand and do hereby agree to the discretionary right of LSLC to request immediate withdrawal of my child from the childcare program because of delinquency and default of payments for the childcare services in the excess of two weeks.

_____

Signature of Parent/Guardian Relationship Date

_____

Address City Zip Phone #

_____ _____

Social Security # Driver's License #

Is family on subsidy (CCP/DCFS) Y N Amount paid_____ Check#_____

Revised

12/1/17