

Provider / Parent Written Payment Agreement

Instructions: The provider must retain a copy of each current written payment agreement at the location where child care is provided.

The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

This Agreement is Between

Business / Provider Name North Shore Preschool and Child Care	Provider Number / Location Number
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Provider Address	Provider Phone Number
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Parent Name (Last, First, MI) _____

Second Parent Name (Last, First, MI) _____

For the Care of (if more than 3 children complete on separate sheet)

Example:

Child Name <i>Jones, Sally, A.</i>	Date of Birth <i>10/04/2015</i>	Child Care Price <i>\$150.00 per week</i>	Payment Schedule <i>Weekly, on or before Friday</i>
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A. Child Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)
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Child Care Price (choose one) <input type="checkbox"/> \$ per month <input type="checkbox"/> \$ per week <input type="checkbox"/> \$ other (specify)	Payment Schedule (choose one) <input type="checkbox"/> Monthly, on or before (Date of Month) <input type="checkbox"/> Weekly, on or before (Day of Week) <input type="checkbox"/> Other (specify)
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B. Child Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)
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Child Care Price (choose one) <input type="checkbox"/> \$ per month <input type="checkbox"/> \$ per week <input type="checkbox"/> \$ other (specify)	Payment Schedule (choose one) <input type="checkbox"/> Monthly, on or before (Date of Month) <input type="checkbox"/> Weekly, on or before (Day of Week) <input type="checkbox"/> Other (specify)
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C. Child Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)
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Child Care Price (choose one) <input type="checkbox"/> \$ per month <input type="checkbox"/> \$ per week <input type="checkbox"/> \$ other (specify)	Payment Schedule (choose one) <input type="checkbox"/> Monthly, on or before (Date of Month) <input type="checkbox"/> Weekly, on or before (Day of Week) <input type="checkbox"/> Other (specify)
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This payment does not include extra charges that may be incurred for items including field trips/special events, as agreed upon in advance. Parents are responsible for paying the difference between the subsidy amount and the cost of care.

Parent and Provider Agreed Upon Start Date

Provider's Days and Hours of Operation (as of date)

Monday through Friday 6:30am-6:00pm

Provider's Policy for Deposits or Holding a Slot

\$75 Registration Fee and First Week's Tuition

Provider’s Anticipated Closure Dates and Policy for Payment during Closures

New Years Day, Memorial Day, Independence Day, Professional Development Day, Labor Day, Thanksgiving Day, Christmas Day. Tuition applies for all weeks.

Provider’s Policy, and Payment Expectations, for Expected Child Absences

Note: Expected absences are those reported in advance by the parent, including vacations or appointments Notification of child's absence. Tuition still applies unless vacation days are available. Those may then be used. Notify management by way of vacation voucher.

Providers’ Policy, and Payment Expectations, for Unexpected Child Absences

Note: Unexpected absences are those not reported in advance, including sick days or no-shows Tuition still applies unless vacation days are available. Those may then be used. One must notify management that a vacation voucher is being used for what days and how many.

Provider’s Payment Dispute Policy

Contact Owner or Billing to address the situaiton.

Provider’s Reasons and Procedures for Termination/Expulsion of a Child(ren)

Behavior per parent handbook, Lack of payment per parent handbook, as other reasons described per parent handbook.

Parent’s Procedures for Termination/Disenrollment of a Child(ren)

To unenroll, provide a 3 week notice in writing.

Discounts or Scholarships Available to Parents/Children (such as sibling discount, etc.)

10% to oldest sibling for multi-children homes in attendance, 10% educators, 10% military discount.

Discounts or Scholarships Parents/Children Received and Amount of Discount

Provider Fees

Miscellaneous

Examples Include: Child’s Anticipated Daily Schedule, Drop-Off and Pick-Up Times, Other Policies

ATTESTATION

By signing this agreement, providers and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy.

Provider Contact Name

Provider Contact **SIGNATURE**

Date Signed (mm/dd/yyyy)

Parent Name

Parent **SIGNATURE**

Date Signed (mm/dd/yyyy)