

"A very special place  
where kids can  
just be kids!"



# Playtime Learning Center and Child Care, Inc.

Corporate Address  
P.O. Box 923  
Brodheadsville, PA 18322

Phone: (570) 992-3935 \* Old Rt. 115 \* Saylorsburg, PA 18353 \* Fax: (570) 992-6113

## AGREEMENT

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Responsible for Payment: \_\_\_\_\_

Weekly Amount of Tuition: \$ \_\_\_\_\_

Payment is to be made:     Weekly     Bi-Weekly     Monthly

Services to be provided as part of the tuition:     Infant Care     Toddler Care     Preschool Care  
 Preschool (9-1)     Before School     After School     Summer Program

Type of service:     Part-time     Full-time     Preschool     School Age

Days that your child will attend:     Monday     Tuesday     Wednesday     Thursday     Friday

Time of drop off: \_\_\_\_\_ Pick Up: \_\_\_\_\_

Person(s) designated by the parent to whom the child may be released:

Date of child's admission: \_\_\_\_\_ Date of Withdrawl: \_\_\_\_\_

Date in which credit days start: \_\_\_\_\_ Number of credit days: \_\_\_\_\_

### Policies for Tuition Payments

I, the Parent/Guardian...

- ★ Understand that there is a \$5.00 charge for every 5 minutes after 6:00PM.
- ★ Understand that there is a \$25.00 late fee for any payment recieved after Wednesday of that service week.
- ★ Understand that payment is due regaurdless of vacation, sickness, holidays and weather cancellations.
- ★ Understand that all tuition payments are due in advance.
- ★ Understand that there is a \$35.00 charge for any returned check and the payment must be in cash, and that after 2 returned checks future payments must be in cash or money order.
- ★ Received complete program information at the time of enrollment.
- ★ Agree to update the emergency contact form every six (6) months.
- ★ Understand that I am financially responsible for any damage my child may do to any property of Playtime Learning Center due to the misuse and disrespect of Playtime property.
- ★ Understand that I must give Playtime one (1) week written notice to withdrawl my child from the program.
- ★ Understand that my child may be asked to leave the center if all efforts to help the child and family have been exhausted.

Parent/Guardian Signature: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_