



**Fee Payment Agreement**

**Child(rens) Name:**

**Admission Date:**

**Program:** AM PM AM/PM

I/We agree to pay the following fees on my child's behalf:

- The Registration Fee
- A deposit equal to one month dated no later than start date which will be applied to last month's payment
- One month cheque or eft with permission to adjust payment for last months payment

If I/We become more than 2 weeks (30<sup>th</sup>) in arrears in my/our fees, with no written explanation or payment schedule agreed upon with the executive director or the associate, services will be terminated. The Executive Director will consult the Board and myself/us will be notified verbally and in writing of termination of services  
 In the event a non sufficient funds (NSF) payment, I agree to the following:

**1<sup>st</sup> Incident:** To pay my child's fees by certified cheques or money order. NSF payment will be subject to a charge of \$25.00.

**2<sup>nd</sup> Incident:** Executive Director will notify me/us to replace fees by certified cheques. The treasurer of the board of Directors will be notified and a written warning will be issued.

**3<sup>rd</sup> Incident:** Executive Director will notify me/us to replace fees by cash or certified cheques. The treasurer of the Board of Directors will be notified and the Board of Directors will notify us of the termination of services.

I agree to make every effort to ensure that my child is picked up by my child's programs dismissal time. I understand that not only a late fee will be collected but that child care services can be terminated if lateness occurs three times. Lateness will be documented and I will be requested to acknowledge this with my signature and payment is required.

**I understand that St. Gabriel Child Care Centre will be closed on the following days:**

- a) All statutory and civic holidays
- b) Possible 12:30 closing in Christmas Eve and New Years Eve.
- c) Two P.A. Day closures (one (1) during Christmas Break and one (1) on Easter Monday)

**A 10% discount will be given to families that have two or more children enrolled at St. Gabriel Child Care Centre.**

In the case that there are changes in your child's fees, adjustments will be made to your electronic funds transfer and an email will be sent to \_\_\_\_\_ informing you of such changes.

I agree to an electronic funds transfer in the amount of \$\_\_\_\_\_ for the first of every month my child is scheduled to attend any of St. Gabriel Child Care Centre programs.

I agree to submit a one month deposit of \$\_\_\_\_\_ that will be utilized during my child's withdrawal period **if I provide one month's notice in writing.** Should your children remain with us until June of the next year (2018)the deposit will be used for June fees for the last month. Please see below for breakdown:

Registration: paid by___	November: ___by eft	March: ___by eft
Deposit: paid by___	December: ___by eft	April: ___by eft
September: ___by eft	January: ___by eft	May: ___by eft
October: ___ by eft	February: ___by eft	June: paid in full upon registration

I have read and understand St Gabriel Child Care Centre's Fee Payment Policy and agree to abide by the policy.

**Parent/ Guardian Signature**

**Date**