



Agreement Form

As a parent of a child in the Early Childhood Development Center, I understand that:

1. The following forms are to be completed/returned to the ECDC office before the child's start date: School Year Registration Form, Agreement form, Parent Permission Form, Child Care Immunization Form, Health Care Summary, and Household Income Statement. If applicable, any Child Nutrition forms (special diet, allergies, etc.)
2. Childcare tuition is subject to change the beginning of each year (September 1). Childcare tuition is billed as a flat monthly rate. You will not receive a credit for regularly scheduled ECDC closure dates.
3. Tuition must be paid in full by the due date. Any late fees for each month are included on the next tuition bill. **Tuition and late fees not paid within 30 days may result in your child being withdrawn from the program.**
4. A social security number of the parent enrolling child/children will be requested upon enrollment.
5. If parents are late to pick up their child/children, they will be assessed a minimum of a \$5 fee plus a \$1 per minute, per child for each minute past the 5:00 PM closing time. If parents are late more than once, this fee may be increased or assessed on an individual basis.
6. The Center has no facilities to care for sick children. Parents will be called and we ask that you pick up your child within 1 hour of being notified.
7. Upon discretion of the program director, it may be determined that the needs of a child may be beyond the program's service delivery capacity. In such a situation, the parents are given a three-week notice that the child will be withdrawn from the program. The parent/s may choose to have their child leave before the end of that period. Tuition charged through the child's last day of attendance.
8. A four week written notice of withdrawal is required. Tuition is charged through that monthly period.
9. I have read, understand, and agree to all the terms of this contract and the electronic parent handbook.

Name/s of children enrolled:

_____	_____
Last Name	First Name
_____	_____
Last Name	First Name
_____	_____
Last Name	First Name

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

**BOTH parents must sign if you are a two-parent family or two separate family households. Thank you!*

Return form to:
Early Childhood Development Center
2900 University Ave
Crookston, MN 56716