

**FRIENDSHIP CENTER, INC.**  
**CONTRACT AGREEMENT**  
**August 31, 2015- June 23, 2016**

Name of Child \_\_\_\_\_ G/B \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Age Group: 2-3 \_\_\_\_\_ 3-4 \_\_\_\_\_ Pre-K \_\_\_\_\_ Kindergarten \_\_\_\_\_

Days Attending: **M T W TH F**  
(Circle all that apply)

FULL-TIME

6:30 a.m.-6:00 p.m.

5 days/week            \$ 993/month

4 days/week            \$ 843/month

3 days/week            \$ 689/month

2 days/week            \$ 478/month

A \$50.00 non-refundable Registration Fee is due upon application for enrollment (please make check payable to **Friendship Center**).

I understand that I am responsible for my bill. I am aware that monthly tuition payments are due on the first of each month; however, if payments are not made by the 15<sup>th</sup> of each month a late payment fee of \$15 will be assessed. *I also agree that if my child is not picked up by 6:00 p.m. a \$10 late pick-up fee may be assessed for the first fifteen minutes and \$1 each additional minute after 6:15p.m.* If needed, extended time is available at a rate of \$5.00/hr (please see director for approval). I also understand that if a balance remains unpaid after 45 days, childcare services will be suspended and any unpaid balance after 60 days will be turned over to a collection agency. I further understand and agree that if any outside agencies or attorneys are necessary to collect what I owe the Friendship Center, it will be my responsibility to pay all costs, attorney fees and/or collection fees.

Registration Fee \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_

My Child will begin attending The Friendship Center on \_\_\_\_\_.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent \_\_\_\_\_