

FRIENDSHIP CENTER, INC.
CONTRACT AGREEMENT

Tuesday, September 2, 2025 thru Thursday, June 18, 2026

Name of Child _____ G/B _____ Birthday _____

Address _____

E-Mail Address _____ Phone Number _____

Age Group: 2-3 _____ 3-4 _____ Pre-K _____

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

Full Time
Hours of Operation
7:00am-6:00pm

5 days/week	\$ 1,499/month
4 days/week	\$ 1,434/month
3 days/week	\$ 1,195/month
2 days/week	\$ 814/month

A \$50.00 non-refundable Registration Fee is due upon application for enrollment (please makes 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 15th of each month, then a late payment fee of \$15 will be assessed. I also understand that if a balance remains unpaid on the last day of each month, then childcare services will be suspended, and any unpaid balance that remains 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. Tuition is due in full regardless of illness, holidays, inclement weather, or absences. Two weeks vacation credit are permitted for each child per year (September to August). Vacation credits may be used for school closings and/or absences and must be requested in writing at least two weeks in advance. ***I also agree that if my child is not picked up by 6:00 p.m. a \$10 late pick-up fee will 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 \$10.00/hr (please see director for approval).

Registration Fee _____ Check # _____ Check Date _____

My Child will begin attending The Friendship Center on _____.

Signature of Parent _____ Date _____

Print Name of Parent _____