

Coastside Children's Programs
494 Miramontes Avenue
Half Moon Bay, CA 94019
650.726.7413, Fax 650.726.5660
www.coastsidechildren.org

FINANCIAL AGREEMENT/PARENT FEES

SCHOOL YEAR _____

Tax I.D. #94-2407737

CONTRACTED CHILD _____ CENTER _____

1. **PAYMENT OF TUITION:** I agree to pay a monthly tuition of \$_____ for each month the Center is open for my child. Monthly payments are due the 1st of each month. If payment is not received by the 7th of the month, a \$25 late fee will be charged. If the 7th is a Saturday, Sunday or Holiday, payment is due the business day before. **The late fee must be turned in with the tuition.** If payment and late fee are not paid by the 15th of the month, services will be suspended and deposit will be used to pay the tuition for the 1st – 15th. To reenroll, the late fee, new deposit and tuition will have to be paid.

I understand that tuition is to be paid whether or not my child is absent due to illness, holiday or any other reason and that failure to pay the monthly tuition will result in my child being dropped from the Center. I understand that it is my responsibility to pay this amount on time, whether or not I've received an invoice. I acknowledge that there will not be a pro-rata of monthly tuition for any days missed because of non-payment.

In my enrollment package, I have received a Coastside Children's Programs calendar and acknowledge that the Center will be closed during their Holidays and In-service days. I understand that I will receive no reduction in tuition for these designated days.

2. **DEPOSIT:** A deposit that equates to _ of the monthly tuition will be charged upon enrollment. This deposit will be applied to the last 2 weeks of enrollment.
3. **MATERIALS FEE:** An annual material fee of \$25 is charged for each child enrolling. This fee is due upon signing of the contract. This fee is not pro-rated according to enrollment date.
4. **AFTER HOURS FEE:** I agree to pay an after hour fee of \$1.00 for each minute that I am late and arrive after 6:00 p.m. to pick up my child. This after hour fee is charged per child. I understand that after three late arrivals, my child may be dropped from the program. **This fee is paid directly to the staff person who has stayed with your child.**
5. **ADDITIONAL HOUR/DAY CHARGES:** I understand that my contract is for specific days and times. If my child is at the Center longer than the hours I contracted for, I understand that I will be charged \$10 for each additional hour or fraction of an hour that my child is there. If I need care for an additional day, beyond what I contracted for (Site Director must first be asked if there is space available), I understand that a daily rate will be charged, regardless of how many hours my child is there. I understand that this daily rate exceeds what a contracted day costs.
6. **RETURNED CHECKS:** Checks returned from the bank will be subject to a \$35.00 service charge. If a check is returned the second time, you will be notified and expected to submit a cashier's check or money order with the service charges included (if the check is returned twice, two service charges will be applied). If two separate checks are returned from the bank within the contract year, cashier's checks or money orders will be required for future payments.
7. **CONTRACT CHANGES:** All contract changes **must be submitted in writing** to the Site Director 2 weeks in advance for approval. Contract changes will take effect on the 1st of the following month. Coastside Children's Programs will provide 30 days notice for any basic rate change to the contracts, except for contracts involving children whose care is funded at government prescribed rates. In this case, the effective date of the government rate change is considered the effective date, and no prior notice is necessary. Modifications to the original contract will be made whenever circumstances covered in the contract change, Coastside Children's Programs will provide 30 days notice.

August, 2005

Dear CCP Families,

You asked for it – you got it! Coastside Children’s Programs is now offering the convenience of direct debit for your monthly CCP tuition fees during the school year.

Simply provide the information below, attach a VOIDED check from your bank, sign the form and keep a copy for your records. Each month from **September 2005 through June 2006**, your tuition will be transferred into CCP’s Wells Fargo account. No need to write monthly checks and no late fees. Please return this form to your CCP Site Director and let us know if you have any questions.

Sincerely,

Taara Hoffman, Executive Director

CCP TUITION DIRECT DEBIT AUTHORIZATION FORM (Please Print Clearly)

PARENT’S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME OF CHILD(REN): _____

CENTER (circle one): CCP Half Moon Bay, CCP El Granada, CCP Montara, CCP Preschool

MONTHLY TUITION TO BE TRANSFERRED FROM MY ACCOUNT TO CCP’S ACCOUNT: _____

PLEASE WRITE THE ABOVE AMOUNT: _____

Attach Voided Check Here

From my ____ Checking account or ____ Savings account

Financial Institution Name: _____

Account Number at Financial Institution: _____

Financial Institution Routing/Transit Number: _____

Financial Institution City and State: _____

I authorize Coastside Children’s Programs to transfer funds from my checking account at the financial institution indicated below on the 3rd day of each month for the amount of CCP tuition stated above PLUS A ONE-TIME SCHOOL-YEAR MATERIALS FEE OF \$25.00. This authorization shall remain in effect until I cancel this service with a 30-day written notice to CCP. Cancellation of this service does not indicate withdraw from the program nor does it negate my responsibility to pay CCP tuition. I understand I will be charged \$25 if my draft is returned for insufficient funds. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

SIGNATURE: _____ DATE: _____

8. **EXTRA CHARGES:** I understand that there may be extra costs/charges for special activities, e.g., lunch in town, swimming, trips for ice cream, city bus trips, etc., during the contract period.
9. **WITHDRAWAL:** I understand there must be written notification 2 weeks in advance to the Site Director when withdrawing my child. Upon proper notice the fiscal office will refund any overpayment of tuition beyond the 2 weeks. The deposit that was collected will be applied to the two weeks, if they weren't previously paid. Failure to give proper notice will result in tuition being charged for the 2 weeks or forfeiture of tuition previously paid.
10. **DELINQUENT FEES AND PENALTIES:** I understand that delinquent fees and penalties may be cause for termination of services. Also, I am responsible for any costs, i.e. attorney or collector fees, that may be assessed in the collection of unpaid fees and/or penalties due according to my contract.
11. **TUITION RESPONSIBILITY:** I understand that Coastside Children's Programs considers parents to be jointly and singularly responsible for tuition payments, regardless of joint custody agreements. Non payment of fees by one parent can jeopardize the care for the child.
12. **SERVICE HOURS:** I agree to donate 4 service hours to this program for the contracted year. I may waive this requirement by donating \$100 to the Center. I acknowledge that I will be billed on June 1, of the contracted year, if I have not completed 4 service hours.

All checks should be made payable to **Coastside Children's Programs**, 494 Miramontes Ave., Half Moon Bay, CA 94019. Please reference your child's name and childcare center on the memo line of the check.

I _____ read and understand all of the provisions
print name
 contained herein and agree to the terms of this contract.

Parent/Legal Guardian Signature _____ Date _____

Site Director Signature _____ Date _____

Fiscal Office Signature _____ Date _____

Monthly Contract Fee \$ _____ Deposit Fee \$ _____ Material Fee \$ _____ Funding Source _____

Total Fees Collected With Contract \$ _____ Check # _____ Center HMB EG MONT PS

Comments: _____

Days Attending M T W T F Child's Name _____ Grade Level _____