



Bob & Billie Ray  
Child Development Center

## Enrollment Placement Agreement

I understand and accept the following criteria in authorizing placement for my child,  
\_\_\_\_\_ at the Bob and Billie Ray Child Development Center; I  
further understand that failure to meet these criteria may result in discharge from the program:

1. I agree to and understand my financial obligations to the program. I also agree that I will maintain a current status with my account.
2. I understand that I am obligated to abide by all center policies and procedures regarding program attendance and have received a copy of the parent handbook.
3. Tuition for \_\_\_\_\_ is \$ \_\_\_\_\_ weekly.  
Tuition covers the period of enrollment in the program and does not adjust for absence. A \$25.00 renewal registration fee will be billed to your account annually. Cash, checks, MasterCard, Visa, Discover, or money orders are all acceptable forms of payment. Tuition is due weekly, on the Friday before the week you are paying for begins. Tuition not paid in full by Friday will result in suspension of services until tuition is paid. Checks returned by the bank will incur a \$50.00 returned check fee. Future payments may be requested in cash or certified checks.
4. I understand that my child must have a current physical and immunizations to be enrolled in the program. I agree to provide this documentation annually to the director.
5. I understand the importance of providing a current list of emergency contacts. I will provide the director with a list of changes as they occur.
6. Parents who fail to pick up their children promptly at the end of the program each day will be charged a late fee. A late fee of \$10.00 is charged to the parent who picks up their child between 6:30 p.m. and 6:40 p.m. After 6:40 p.m. there is an additional charge of \$1.00 per minute.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

Parents Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent's Phone # \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

Parent's email: \_\_\_\_\_