**AGREEMENT**

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| **Name of Child** |
| **CCIS Individual Number:****(if applicable)** | **CCIS Care Level** |
| **Fee Amount** | **Weekly****Bimonthly****Monthly** | **Day Payment is to be made:** |
| **Services to be provided as part of the Agreement:** |
| **Child’s Arrival Time:** | **Child’s Departure Time:** |
| **Late Fee:****$1** | **Per Minute****Per Hour****Per Day** |
| **Person(s) designated by parent to whom child may be released** |
| **Extra Services to be provided at an additional fee if applicable** |
| **I, the parent/guardian;** **Received complete written program information at the time of enrollment** **Agree to update the emergency contact/parental consent form information** **whenever changes occur or every 6 months at minimum.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature – Operator Date Signature – Parent or Guardian Date** |

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| **Date of Child’s Admission** | **Periodic Review** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** **Signature – Parent or Guardian Date** |
| **Date of Withdrawal** |