**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** |