

LC KinderCollege Contract

This is an agreement to provide care for _____ (child's name)
beginning _____ (date). Child's DOB _____ (month/day/year)
My child will be in attendance: (times required) _____

Monday	_____ to _____	Thursday	_____ to _____
Tuesday	_____ to _____	Friday	_____ to _____
Wednesday	_____ to _____		

For schedule indicated above the monthly fee is \$_____.

I understand:

1. A \$40.00 non-refundable registration fee per child is due annually. This is charged at the time of enrollment or September each year.
2. If my child is picked up late, past the center closing time, I understand an overtime charge of \$1.00 for each minute and an invoice will be sent through ProCare.
3. Times may be adjusted within thirty (30) days of beginning date. Adjustments will not be accepted after 30 days.
4. No allowances or reductions on tuition will be given for absences due to illness, vacation, or snow days.
5. If my child becomes ill at the center, he/she will be isolated, and I will be given one hour from the time the first attempt is made to contact me to have my child picked up. After one hour, the center will care for my child one on one at the rate of \$10.00 per hour. An invoice will be sent through ProCare.
6. Fees are due by the 1st of each month. If the fee is not paid by the 5th, a late fee of \$20.00 will be charged.
7. A bimonthly payment plan of the 1st and 15th may be set up with the office. Payments are due on the 1st and the 15th the late fee will be charged if payment has not been received by these dates.
8. If the fee is not paid by the end of the month, my child could no longer be enrolled at KinderCollege, and a hold will be placed on my LC State student records.
9. Provided mealtimes are as follows; Morning snack is served from 9-9:30am and afternoon snack is served from 3-3:30pm. If your child is not here for mealtimes, they will not be provided snacks from KinderCollege. All lunches come from home and must be nut free. Downstairs is served their lunches from 11-11:30am. Upstairs is served their lunches from 11:30am-12:00pm.

I further understand that if I fail to meet my financial obligation to LC KinderCollege:

1. A hold may be placed on my LC State student record.
2. I will not be permitted to register for subsequent courses at LC State until all outstanding charges have been paid in full.
3. My account may be placed with a third-party collection agency. I will be required to pay the fees of any collection agency, which may be based on a percentage at a maximum of 33.3% of the debt, and all costs and expenses, including reasonable attorney's fees, incurred for such collection efforts. This agreement and terms are pursuant to Idaho state laws. I further understand that my delinquent account may be reported to one or more of the national credit bureaus.
4. I authorize the school, the department, and their respective agents and contractors to contact me regarding any balance owed to Lewis-Clark State at the current or any future number, either provided or acquired for my cellular phone or other wireless device, using automated telephone dialing equipment or artificial or pre-recorded voice or text messages. I am responsible for keeping my records up to date with my current addresses and phone numbers.

I have read the above material and the current LC KinderCollege Parent Handbook and agree to abide by the policies.

Date _____ Parent name (printed) _____

Parent signature _____

Date _____ LC KinderCollege Director Signature _____