



OVERHILLS CHILD DEVELOPMENT CENTER CONTRACT OF ENROLLMENT

I agree to enroll my child, _____ in Overhills CDC beginning on _____ . I have read the attached facility guidelines, and agree to comply with all the rule and responsibilities stated therein. I acknowledge receiving a Parent Handbook on the day of my child's enrollment. I also agree to the following:

- My regular care begins at _____ a.m. and will end at _____ p.m. on Monday thru Friday.
 - **55 HOURS MAXIMUM PER WEEK/ 62 FOR THE MILITARY**
- My child will be picked up only by the persons authorized on my child's application form unless changed, and signed by me on a handwritten note.
- I will pay the weekly tuition of \$_____ due Monday the week of service being provided, unless prior payment arrangements have been made with the office.
- I will pay over charges of \$5.00 per minute if my child is picked up after 5:30 p.m.
- I understand that Overhills CDC charges a total of \$50 for returned checks. This includes a \$25.00 administration fee and our bank costs of \$25.00 per check.

I promise to pay all the above stated fees and to make payments as agreed whether my child actually attended during those hours. I understand that if I withdraw my child from this facility, I must give an advance two week notice and pay for those two weeks regardless of whether or not my child is in attendance during this two week period.

Parent Signature _____

Date _____

Director/Coordinator _____

Date _____