**Creative Play Learning Center**

647 Dodge Rd, Getzville, NY 14068

• Phone: (716) 689-9800 • Fax: (716) 689-9801

**AGREEMENT FOR SERVICES**

(Updated October 2023)

Enrollment Date:\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agreement made this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_, between **Creative Play Learning Center** and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) is for child care services for:

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| **CHILD’S NAME** | **D.O.B.** | **PROGRAM** | **TUITION** | **DISCOUNTS** |
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| **Refer to your Parent Handbook for a full explanation of the following:** | **Parents**  **Initials** |
| **TUITION:**  I have enrolled my child(ren) for \_\_\_\_\_\_\_\_ days per week (**minimum 2 day requirement**). My current weekly tuition rate is: $\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that in circumstances where there is a third party payment involved, it is the responsibility of the undersigned to remit any balance left unpaid each week. I also understand that the rates are subject to change as conditions may require, and I will receive as much notice as possible. Full tuition payment is due each week regardless of attendance. |  |
| **PAYMENT OF TUITION:**  I understand that payment for services is **due on or before the first day of each week** my child attends the center. There will be a 10% late payment charge added to my current balance owed, for **each week** payment is late. If payment is not made within four (4) weeks of due date, I understand that I will be asked to withdraw my child from the center (therefore forfeiting their enrollment spot) until the account is current, and if there is space available. I also agree that I will be responsible for any additional days my child attends, based on availability, at the same payment as the current daily rate. I also understand a processing fee of **$40.00** will be added to my account for any returned checks/eChecks. We do **NOT** accept Credit/Debit card payments. |  |
| **SECURITY DEPOSIT:**  Upon entering into this agreement, a non-interest bearing security deposit (equal to your weekly tuition fee) will be paid to CPLC. This security deposit will be used towards my last tuition payment due, or refunded back to me providing a minimum two week written notice is given to the director.  **Security Deposit Amount: $ Date Paid: Check#** |  |
| **LATE PICK-UP CHARGES:**  I agree that I have notified CPLC of the days and hours my child will attend the program. I agree that it is my responsibility to notify the Director if these days or hours change A late pickup fee will be incurred at a rate of $25 within the first 5 minutes after closing (from 5:30-5:35pm), and $5.00/minute after 5:35pm. This will be paid directly to staff that had to stay late.  Any continuous balance that is unpaid for four consecutive weeks may be grounds for disenrollment.  Being late to pick up your child more than three times per calendar year will also be grounds for disenrollment. |  |
| **ABSENCE, ILLNESS, VACATION POLICY:**  **I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF MY CHILD’S FULL WEEKLY TUITION, REGARDLESS OF ATTENDANCE.** 50% off coupons will be submitted to the Director prior to the specified days being used. I understand that if I wish to remove my child from the program for 4-10 weeks, I agree to pay the amount outlined in the Parent Handbook to guarantee and hold my child’s enrollment spot until the return date (max. 10 weeks). This is a **non-refundable** charge and MUST be paid prior to the “leave of absence”. I also understand that any unused “50% Off Coupons” will be forfeited. |  |

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| **HOLIDAYS:**  I understand that the Center is closed for the following holidays: ***New Year’s Day, President’s Day (staff meetings), Good Friday, Memorial Day, Fourth of July, Labor Day, Columbus Day (staff meetings), Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day and the day after Christmas.*** If my child is normally scheduled to attend the Center on a holiday in which the center is closed. I will still be responsible for the tuition due on that day. |  |
| **DISCOUNTS:**  If you have two or more children enrolled in the Center, a 10% discount will be applied to the lower tuition rate. |  |
| **MEDICATIONS:**  ***Creative Play Learning Center*** staff is neither trained nor authorized to administer any form of medication to your child. If your child requires medication during the hours they are here, you as the parent/guardian may administer the medication. Any person (not including CPLC staff), authorized by the parent/guardian, may also administer medication upon written approval from the parent/guardian. |  |
| **RELEASE OF CHILD:**  I understand that my child will be released **only** to those persons whose names I have listed on the **“Authorization of Release”** form. Photo ID will be required before your child is released. |  |
| **PARENTAL RELEASE:**   1. I hereby give my consent to the CPLC staff to take my child on walks within the vicinity of the ***Creative Play Learning Center****.* My child may also participate in outdoor games and use the play equipment under the direction of the CPLC staff. 2. I give my permission for ***Creative Play Learning Center*** to photograph &/or videotape my child for use in the CPLC advertising. My child’s name may not be used without my written consent. 3. I consent to my child be provided any medical, dental and/or surgical treatment deemed necessary as a result of an emergency arising while my child is in the care of the CPLC staff, and it is impossible to contact me (parent/guardian) at the time when treatment is required. |  |
| **PARENT HANDBOOK:**  I have received a copy of the CPLC Parent Handbook and agree to comply with the policies stated within. |  |
| **CPLC REFERRAL PROGRAM:**  *We are very pleased that you have decided to enroll your child in our program. We know how difficult a decision selecting child care can be for a parent. Because many families choose child care by first asking friends &/or family for recommendations, we have created a benefit for those parents who make a referral. If you refer another family and they enroll and stay with us for a minimum of 30 days, you will receive two (2) additional 50% off coupons.*  *This is our way of saying THANK YOU!* |  |

**I UNDERSTAND AND AGREE TO ABIDE BY THE TERMS IN THIS AGREEMENT AND FULLY UNDERSTAND MY FINANCIAL OBLIGATIONS TO *CREATIVE PLAY LEARNING CENTER.***

* **Copy of “Agreement for Services” given to parent(s)**

**Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**CPLC Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**