

Amount Paid \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_



**KINDERGARTEN/ SCHOOL AGE FEE AGREEMENT** Year \_\_\_\_\_

Agreement between \_\_\_\_\_ and the Jefferson Child Care & Education Center for services to \_\_\_\_\_  
(Parent or Guardian) (Child's Name/Date of Birth)  
Effective on: \_\_\_\_\_

**ADDRESS OF CHILD:** Street \_\_\_\_\_ Birth Date \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell# \_\_\_\_\_ Cell# \_\_\_\_\_  
(Mother) (Father)

**Child Living With:** Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Other \_\_\_\_  
Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

**PARENT'S PLACE OF BUSINESS:**

**MOTHER** \_\_\_\_\_  
Name Company Telephone  
**FATHER** \_\_\_\_\_  
Name Company Telephone

**CONTRACTED SERVICES**

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
**Kindergarten:** Before \_\_\_\_ After \_\_\_\_ Both \_\_\_\_ **School Age:** Before \_\_\_\_ After \_\_\_\_ Both \_\_\_\_  
**Days of Services:** Five Days \_\_\_\_ **or** Monday, Wednesday, Friday: \_\_\_\_ **or** Tuesday & Thursday \_\_\_\_  
**(Please Choose One)**

The weekly fee for this service is: \_\_\_\_\_ per week

**Due upon registration:** \$25.00 + \_\_\_\_\_ + 1<sup>st</sup> week = \_\_\_\_\_  
Non-Refundable 2 wk Security 1<sup>st</sup> week Total Due  
Registration Fee Deposit of care

I have read and agree with the policies and procedures outlined in the Parent Handbook.

I further agree to inform the Center regarding changes in circumstances.

I understand that financial assistance may be available to eligible families.

\_\_\_\_\_  
Date Signature of Parent/Guardian

\_\_\_\_\_  
Date Signature of Center Representative