

PAYMENT AGREEMENT FORM

Enrollment Date: _____

Student (s) Name (s): _____

Parents/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell: _____

It is agreed that Parents/Guardian _____ will pay
\$_____ weekly/ bi-weekly).

Care will be provided five (5) days a week between the hours of _____ .

At 6:05pm, there will be a late fee in the amount of \$20. Every minute after 6:05pm a
fee of \$2 will be charged. **All fees must be paid upon pick-up or the following day.**

Parkview Child Development Center staff will contact Maryland Child Protective Services
to pick-up your child(s) left in the center after 7:00pm.

All tuition payments are due to be paid on Monday of each week. There is a one (1) day
grace period and payment must be received no later than Tuesday of each week. Two
(2) consecutive late payments will require a conference with the Center’s Director.

I have read and understand the terms of this contract.

Parent/ Guardian Signature

Date of Contract