PARENT FEE AGREEMENT

Parent's Name:		Child's Name:
Address:		Program: Greenfield or Shelburne Falls
Phone Number:		Start Date:
Weekly Schedule Days/Hours	Weekly Fee Computatio (Rate) (I Full X Half X	Days)
First Payment: First Month Payment: D	aily Fee X # of days=	
I agree to pay my bill:	weekly bi-weekly monthly	
 Calendar: The f days. Parents a summer progra Vacation: After equivalent to the notice for this to 	nd guardians will receive a closure amming. six months of attendance, you are number of days per week that yunpaid vacation. ays: There will be no refund of fees	r year. The center will close for major holidays and staff training eschedule prior to enrollment and before the beginning of our eallowed two weeks of vacation at no cost to you which are your child(ren) attend. Please give The Learning Knoll two weeks of for illness or missed days unless the center is mandated to be
3. Pay a \$10.00 charge	tice of separation of care. Paymer if a tuition check is returned for in	nt will be required for these two weeks. nsufficient funds. he Learning Knoll is closed due to inclement weather.
I am aware of the late poservices.	ick-up policy and fees, and that exc	cessive late pick-ups will result in a termination of childcare
		owing month's tuition and I will <i>prepay</i> based on the schedule Continued non-payment will result in court fees being assessed
building(s) are closed. If	=	close due COVID, I will receive a credit for the days that the se to not send your child(ren), you will not be entitled to a
Fee payments can be ma through Quickbooks Inv		rs of 8:00AM and 5:00PM with cash, check, and money order or
Parent/Guardian Signato	ure	Date
Learning Knoll Staff Sign	ature	Date

Updated July 2023