

Gloria Dei Lutheran Child Care

1701 Ring Road, Elizabethtown, KY 42701

(270) 769-5910

PAYMENT CONTRACT

The purpose of the Lutheran Child Care Center is to provide the best quality care and to educate each child in Christ-centered surroundings.

A \$_____ non-refundable registration fee is due at the time of registration.

Terms and Conditions

I/We, the undersigned, agree to pay all fees in accordance with the schedule.

1. Childcare payments are due on Monday. A \$10.00 late fee will be applied on Wednesday and a statement will go home that a payment had not been received. If two payments are due, late fees of \$25 will be charged on Wednesday. If you have three payments due and a payment agreement has not been reached, care will be suspended until payments are current.

2. Full-Time Care: We are unable to credit your account for holidays, inclement weather, or absences due to illness, however, each family is allowed one vacation week per year (your child must not attend the center on the week/s the vacation is taken.) Vacation time runs concurrent with the school year and may be taken between August 1 –July 31. A childcare payment is not due for the week between Christmas and New Year when we are closed.

3. If a suit should be brought on this account to enforce payment, the undersigned, and each of them, agree to pay cost of suit and such sum the court may fix as attorney fees.

4. All checks or EFT transactions returned from the bank, for any reason, will be assessed a \$25 returned check fee in addition to any late fees or fees assessed by the bank. Gloria Dei Lutheran reserves the right to require future payments by cash or money order.

5. Upon dismissal or withdrawal of the child for any reason, the undersigned, and each of them, agrees that the current balance due shall be the total of payments normally due plus two weeks of future fees. If withdrawing your child please give a two week notice to avoid the two week withdrawal fee. This amount plus other previous charges shall be immediately due and payable.

I/We will be responsible for payments on this account. I/We have read and agree with the above terms:

Parents/Guardians must sign this contract below. No child will be allowed to enroll without a completed contract on file.

Altered or incomplete contracts will not be accepted.

Child's Name _____

Weekly amount due \$ _____

Father/Guardian Name
(please print)

Mother's/Guardian Name
(please print)

Father/Guardian Signature

Date _____

Mother/Guardian Signature

Date _____

Father/Guardian Social Security Number
(required)

Mother/Guardian Social Security Number
(required)

Father/Guardian Date of Birth

Mother/Guardian Date of Birth

I have discussed the payment contract with the above signed:

Gloria Dei Lutheran Employee Signature _____

Date _____ / _____ / _____