

Wild Flowers Early Learning Center PV84061

I understand that this is a legal and **binding contract and agreement for payment** for childcare services from Wild Flowers Early Learning Center and Wild Flowers Academy.

Please complete an accurate daily schedule for each child. We will assume each week's schedule repeats unless marked otherwise. **Absent days will be billed, no exceptions.**

Child's Name & Birthday	Monday	Tuesday	Wednesday	Thursday	Friday

I have read the policies at www.montanawildflowers.com and agree to follow them. I understand that care will not be provided until parents and children have had a tour with the Director, payment is made, and registration is complete.

I understand daily health checks are required for each child upon entry. I agree to complete these daily health checks and agree to the Wild Flowers Early Learning Center wellness policy.

I understand that monthly tuition payments or any co-payments are to be pre-paid. All payments are due on or before the first day of care of each month unless written arrangements have been made in advance by the director.

I agree to give the facility a 30 day notice when withdrawing my child/children from the center after the trial period. I understand that I am responsible for all costs and fees associated with the collection of any remaining tuition.

All fees and payments are non-refundable. I understand that there is a late fee of **\$5.00** for every **5 minutes** of care provided **per child** after the scheduled pick-up time. I agree to arrive at the scheduled time or pay this fee.

Parent Signature

Date

Lisa Langley, Director

Date