



1840 Centre Line Road, Warriors Mark, PA - 814-632-6906 (Office) - 814-632-9469 (Classroom) - 814-632-5409 (Fax)

Warriors Mark United Methodist Church Daycare Payment Agreement/Contract

Set Schedule Agreement

Child Name: _____ Child Age: _____

Child D.O.B: _____ Child Start Date: _____

Parent's (Guardian's) Name: _____

Parent's (Guardian) Email: _____

Does your child receive CCIS funding? : Yes No

6 Weeks to 2 Years Old Pay Chart

Check Here	Day of the Week	Full Day Rate (5 or more hours)	Half Day Rate (Up to 5 hours)	Arrival/Departure Times (Must be accurate)
	Monday	\$29.00	\$20.00	
	Tuesday	\$29.00	\$20.00	
	Wednesday	\$29.00	\$20.00	
	Thursday	\$29.00	\$20.00	
	Friday	\$29.00	\$20.00	
	Total Weekly Due			

2 Years and Older Pay Chart

Check Here	Day of the Week	Full Day Rate (5 or more hours)	Half Day Rate (Up to 5 hours)	Arrival/Departure Times (Must be accurate)
	Monday	\$27.00	\$19.00	
	Tuesday	\$27.00	\$19.00	
	Wednesday	\$27.00	\$19.00	
	Thursday	\$27.00	\$19.00	
	Friday	\$27.00	\$19.00	
	Total Weekly Due			

Total Weekly Tuition		
_____	+	_____ = _____
Full Day Total		Half Day Total Weekly Tuition



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INITIAL	POLICY
	I understand that if a question of the custody of a child arises, a court order must be on file on the office, or both biological parents have equal rights to the child.
	I understand that the Daycare program expects that if you are late picking up your child(ren) from care, you will be required to sign a late pick up form and a late fee will be assessed as outlined in the Parent Handbook
	I understand that I must make payments for the tuition I incur weekly. I understand that payments are due the Friday prior to the upcoming week of care. As described in the Parent Handbook, late fees will be added to accounts that do not adhere to this policy.
	I agree to update my child's Emergency Contact form as changes occur and at a minimum of every 6 months. I understand Payment Agreements will be updated every 6 months.
	I have received the Parent Handbook for the Warriors Mark UMC Daycare.
	I understand that at any time, WMUMC Daycare reserves the right to un-enroll my child from the program. Reasons for un-enrollment include but are not limited to: failure to make payments, failure to comply with policies, etc.
	I understand that I must pay for the minimum 2 full days each week whether my child is in attendance or not (excluding Christmas and Thanksgiving Weeks) unless the correct procedures are followed to use a Vacation Week as outlined in the Parent Handbook.
	Registration Fee: I understand that there is a one time \$25.00 registration fee for new enrollments. Children that already attend will not be charged this fee. The fee is non-refundable.
	I understand that no refunds or credit will be given for days scheduled but not attended.
	I understand that all days and times scheduled on the Payment Agreement will be charged to my account weekly and any changes to my child's schedule must be approved and will my account will be charged the appropriate rate for the schedule change.

I have read, initialed and agree to all of the above policies and discussed in the above table.

Parent Signature: _____ Date: _____

To be completed by Center Director	
Date of Admission: _____	Date of Withdrawal: _____
Weekly Tuition: _____	Director Signature/Date: _____