\_\_\_\_\_(initial here) I have reviewed BECCC’s rates and understand that I am responsible to make pre-payment for services based on the applicable rate(s) for my child(ren) and that if I do not make payment in accordance with BECCC’s policy that my child may be refused services.

\_\_\_\_\_(initial here) I agree that I have read and understand the Parent Handbook. If I have questions about anything discussed in the handbook I can see the program director for guidance.

\_\_\_\_(initial here) I agree that under there is a registration fee of $25 per child ($10 for each additional child and that this payment is due upon starting care and it is non-refundable.

\_\_\_\_(initial here) I understand that payment is due on the fifth of each month for services provided and that monthly statements will be provided.

\_\_\_\_(initial here) I understand that if payment is not received by the 5th of the month, my payment is late and I will be charged $20 late fee.

\_\_\_\_(initial here) I understand that if my payment is 30 days past due and I have not made arrangements with the Director to pay my account, my child will be refused services.

Please enroll my child according to the indicated billing plan. I am aware that this enrollment is a legal binding contract between BECCC and me. I accept full financial responsibility for any and all charges incurred during the child’s enrollment in the BECCC program. I have read and agree to the terms of services provided at BECCCC.

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 Parent/Guardian Printed name Parent/Guardian Signature Date

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 Parent/Guardian Printed name Parent/Guardian Signature Date

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 Director Printed name Director Signature Date