



New World Child Development Center 大同世界雙語兒童發展中心

Payment & Admission Agreement

Child's Name _____ Birthday _____
 Days Attending _____ Full/Part Time _____
 Deposit \$ _____ Monthly Fee \$ _____
 Registration Fee \$ _____

- 1 I/we understand that I/we am required to read the Parent Handbook when issued and abide by the guidelines therein. _____
 I/we understand that tuition payments are due the first day of each month. _____
- 2 I/we understand that the \$100 registration fee is not refundable. _____
- 3 I/we understand that the tuition is for basic day care and preschool program; it does not cover enrichment activities, We expect full tuition each month regardless of absences, illness or vacation. _____
- 4 I/we understand that there is a sibling discount of 10%. _____
- 5 I/we understand that tuition payments are due the first day of each month. _____
- 6 I/we understand that I will be charged a late fee of \$20, if I fail to pay my tuition by the fifth of each month. _____
- 7 I/we understand that if I fail to pay my tuition by the 10th calendar day each month may result in termination of the care service for my child(ren) from the center. _____
- 8 I/we understand that I will be charged \$1/minute per child if I fail to pick up our child(ren) by 6:30 PM. _____
- 9 I/we understand that I/we will be charged \$10 per child each time I fail to provide a lunch for our child(ren). _____
- 10 I/we understand that a fee of \$25 will be charged for returned check. _____
- 11 I/we may cancel this agreement by a 30-day written notice of withdrawal, in which case our one-month, non-refundable deposit given at the time of enrollment will be used for the final month. _____
- 12 I/we will make full payment for all center days through the month in which the withdrawal occurs. _____
- 13 I/we understand that a thirty-day notice will be given for changes in tuition fees. _____
- 14 I/we understand that the Department of Licensing agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The license shall take provisions for private interviews with child(ren), or any staff member, and for examination of all records relating to the operation of the facility. The Department of Licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional examine the child(ren). _____
- 15 I/we understand that this agreement may be terminated and my child(ren) dismissed from New World CDC upon notice time for my failure to fulfill this agreement, or for continued failure by me or my child(ren) to comply with the center's standards and regulations. _____

Signatures below acknowledge and agreement by both parties of the terms of this contract.

Signature of Parent/Guardian _____
 Print Name _____ Date ____/____/____

 Director/or Representative of NWCDC
 on behalf of New World CDC Date ____/____/____