

**Girls Club of Greenfield
35 Pierce St.
Greenfield, MA 01301**

PARENT FEE AGREEMENT

Parent's Name: _____
Child's Name: _____
Address: _____ Program: _____
_____ Start Date: _____

Family Size _____ Monthly Income _____ Qualifies for United Way Subsidy? Yes No

Weekly Schedule

Days/Hours

Weekly Fee Computation

	(Rate)	X	(Days)	=	
Full	_____	X	_____	=	_____
Half	_____	X	_____	=	_____

First Payment:

Registration Fee: (\$10) + _____

I agree to pay: weekly
 bi-weekly
 monthly

I agree to:

1. Pay a registration fee.
2. Give two weeks notice of termination. Payment will be required for these two weeks.
3. Pay a \$10.00 charge if a tuition check is returned for insufficient funds.
4. Pay for days my child is sick, holidays, and days the Girls Club is closed due to inclement weather.

I am aware of the late pick-up policy and fees, and that excessive late pick-ups will result in a termination of services.

I am aware that every 6 months my child is enrolled, I am entitled to one week vacation credit (or days equivalent that my child attends). A vacation credit can only be used when my child is off from the program. I must give advance notice of vacation time and credits must be used within the enrolled year. If I use time before it is earned and I terminate, I understand that I will be billed for that time.

I am billed on or about the 15th of each month for the following month's tuition and I will **prepay** based on the schedule above. Excessive late payments will result in termination. Continued non-payment will result in court fees being assessed to final outstanding bill.

Fee payments can be made in the office between the hours of **8:00AM** and **5:00PM**.

Parent/Guardian Signature _____ Date _____

Agency Staff Signature _____ Date _____