



Child's Name:	Expected Start Date:
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Tuition/Payment Agreement

My child is enrolled in the following program(s) at Just Like Home Day Care.

School Year Program Options	Summer Program Options
<input type="checkbox"/> Preschool: Part Time (\$110/weekly) <input type="checkbox"/> Preschool: Full Time (\$150/weekly) <input type="checkbox"/> School Age: Before School Only (\$70/weekly) <input type="checkbox"/> School Age: After School Only (\$70/weekly) <input type="checkbox"/> School Age: Before & After School (\$90/weekly) <input type="checkbox"/> Summer Program Only	<input type="checkbox"/> Preschool: Part Time (\$100/weekly) <input type="checkbox"/> Preschool: Full Time (\$150/weekly) <input type="checkbox"/> School Age: Part Time (\$90/weekly) <input type="checkbox"/> School Age: Full Time (\$125/weekly) <input type="checkbox"/> School Year Program Only

I agree to pay the weekly tuition rate as listed above. I understand and agree to the above stated tuition payment policy and will notify the center administrator in writing, at least two-weeks in advance, if any schedule changes need to be made. I understand that my child is being enrolled in a full year program unless otherwise noted above and that this center does not offer a "drop-in" option.

Parent/Guardian Signature	Date
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Expected Schedule

Approx.	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Photography Consent

I agree that my child listed above may be photographed by staff members employed by Just Like Home Day Care during normal day care hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services either in print or on the internet.

I give permission for my child to be photographed, or their images recorded for print or electronic use in promoting childcare services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect until I make a written request of change. I understand that there will be no payment for me or my child's participation.

Please respect the following exceptions: _____

Parent/Guardian Signature	Date
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Rachel Wells, Administrator
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 Owned & Operated by The Hill Church

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