

Holy Family Day Care Center
200 Hayes Road
Chapel Hill, NC 27517
(919) 929-5004

Child's Name _____

Parent's Name _____

Address _____

HM# _____ WK# _____ Cell# _____

The undersigned patron of Holy Family Day Care hereby agrees:

- 1) To pay tuition/fees by the 5th of each month. Payments received after the 5th are late and will be charged a late fee of \$25.00. Collection of unpaid accounts will be pursued through legal action by the center Advisory Board. Expenses incurred in such cases will be paid by the parents, in addition to the sum owed to the Center.
- 2) To present in writing, at least two week advance notice of intention to withdrawal your child/children from the Center, recognizing that two weeks, tuition, which is deposited to the child's account upon enrollment, will apply to the two weeks forward of the date of notification.
- 3) To read the Center Operational Policy and abide by the policies contained therein.
- 4) To give the staff of Holy Family Day Care Center Permission in the case of serious illness or injury, to take the child to the nearest medical treatment center for medical care. It is understood that parents will be contacted if possible, prior to any treatment. In the event parents can not be contacted, the staff will follow advice of the attending physician.

Parent Signature

Date

Director Signature

Date