

CHILD CARE NETWORK, INC.

**KIDS KLUB AGREEMENT FORM**

**School** \_\_\_\_\_ **School Year** \_\_\_\_\_

I have read the Kids Klub Parent Handbook and agree to abide by the terms and conditions outlined in the handbook including the following:

- ▶ I agree to make payment on the first day of each week when services are offered EXCEPT for ONE “vacation” week per school year
- ▶ I agree to pay the stated, contract fee(s) regardless of the number of days “Child” attends
- ▶ I understand that if I have an outstanding balance on the last day of any month, I will owe a late fee of \$25
- ▶ I understand that “Child” will not be allowed to attend Kids Klub if my account has an outstanding balance (see page 4 of the Kids Klub Parent Handbook)
- ▶ I understand paying “Child’s” Kids Klub fee is my responsibility and agree it is my responsibility to collect from third party payers
- ▶ I agree to notify Kids Klub in writing if I chose to withdraw “Child” from Kids Klub OR choose a different Kids Klub program option for “Child”

During the above stated school year, I chose to enroll:

“Child” Names (printed)	Program Letter	Weekly Fee
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

\_\_\_\_\_

Parent/Guardian signature Date

---

Parent/guardian name printed

**Automatic Saving/Checking withdrawal for Kids Klub payment is available.  
Questions? Contact the Kids Klub Program Manager @ 569-4411.**