

**FEE AGREEMENT BETWEEN PARENT AND LITTLE VIP**

I, \_\_\_\_\_, agree to pay \$\_\_\_\_\_ per month to Little VIP Daycare & Private School  
Parent's name Amount

Care of \_\_\_\_\_ during the hours as stated below.  
Child's name

**Regular Hours of Care:**

- The hours of care are available from 7:00 am to 6:00 pm, Monday through Friday. The child care program is open year-round, except for all major holidays, and the rest, please refer to our parent policy handbook. (For example; *late drop-offs do not allow for late pickups*)
- Care shall be provided from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. on these days: (Circle all that apply)

**Monday Tuesday Wednesday Thursday Friday**

**Terms of Payment:**

- The fee will be \$\_\_\_\_\_ per month.
- The fee will be \$\_\_\_\_\_ bi-weekly.
- Tuition fee: For those who choice to pay twice a month will have an extra charge of \$20 on top of your normal tuition fee.

Payment shall be due on: \_\_\_\_\_. I will make my payment \_\_\_\_\_.  
Bi-Weekly, Monthly

I have read all the policy statements and understand them to the best of my knowledge. By signing this policies contract parent/guardian agree to abide by the written policies of the provider parent hand book/enrollment fee contract. The provider may terminate the contract without giving notice if the parent/guardian does not make payment when due. The provider may amend the policies by giving the parent/guardian a copy of the new or changed policies at least two weeks before they go into effect.

\_\_\_\_\_  
Parent/Guardian Signature E-Mail

\_\_\_\_\_  
Home Address Cell Phone #

\_\_\_\_\_  
Work address Phone #

\_\_\_\_\_  
Employer's Name and Address

\_\_\_\_\_  
Provider littlevip16@gmail.com Date Contract Signed