



The
Learning
Garden

This agreement contains the financial terms and statement of responsibility agreed upon between _____ and The Learning Garden Children's Center to provide childcare to _____.

The hours and days agreed that the caregiver will provide care for the child(ren) are as follows:

Monday	_____ a.m. to _____ p.m.
Tuesday	_____ a.m. to _____ p.m.
Wednesday	_____ a.m. to _____ p.m.
Thursday	_____ a.m. to _____ p.m.
Friday	_____ a.m. to _____ p.m.

- Please notify The Learning Garden in writing if there are any changes made to these days/hours.
- **Two weeks written notice** and approval by The Learning Garden is required before changes are made to this schedule (**including termination of care**).

Tuition is billed on a bi-weekly basis. Payment is due every other Monday and is paid **two weeks in advance**. There will be a **\$10.00 late fee** assessed to your account **EACH additional day** following the tuition due date. If payment is not received by the fourth day, the child will not be allowed to have continued care in the center until the payment is made (including all late charges).

Parents/Guardians agree to pay The Learning Garden Children's Center according to this schedule:

We have agreed to pay \$ _____ per week.

Payments may be made by Tuition Express, check or cash. A \$25 charge for all returned checks will apply. A \$5 fee per tuition billing will be charged if Tuition Express is not used.

Statement of Responsibility: I further understand and agree that in operating this child care facility and caring for my child, The Learning Garden Children's Center shall be responsible for acting in a reasonable manner and in compliance with the legal requirements of the State of Idaho (the "Standard of Care"). However, I also understand The Learning Garden is not a guarantor of my child's safety and the risk of accidents or injury to my child cannot be completely eliminated even when The Learning Garden has satisfied the Standard of Care. I accept this risk and agree that The Learning Garden will only be liable from their failure to meet the Standard of Care, and I will not sue and will indemnify The Learning Garden against a liability for accident or injury to my child occurring under all circumstances.

As Parent or Guardian signing below, I state I have read this form and understand and agree to abide by the terms and conditions of this registration commitment to The Learning Garden. I agree to pay as per schedule and to pay for any late fees or overdraft fees as deemed necessary by The Learning Garden. I agree to discuss any problems with The Learning Garden as they arise.

Parent/Guardian Signature: _____ Date _____
Parent/Guardian Signature: _____ Date _____