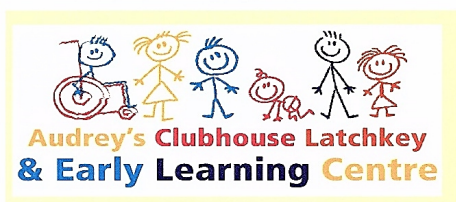


~Supporting you in your local schools



[www.audreyschildcare.com](http://www.audreyschildcare.com)

*Early Learning Centre & Head Office:*  
St. Louis Catholic Elementary School  
176 Talbot Street East, Leamington, ON, N8H 1M2

*Latchkey Sites:*  
St. Louis Catholic Elementary School, Leamington  
Margaret D. Bennie Public School, Leamington  
Centennial Central Public School, Comber

Phone/Fax: 519-322-1801

Email: [afittler@bellnet.ca](mailto:afittler@bellnet.ca)

## **ACKNOWLEDGEMENT/AGREEMENT OF FEE SCHEDULE**

Fee payment is based on enrollment and not on actual attendance. When your child is enrolled at our childcare, that space is reserved for your child individually. We do not give refunds or make-up days if your child is absent, ill or on extended vacation.

**\*\*\* DEBIT/VISA/MASTERCARD payments only at Main Office and CHEQUE payments only at M.D.B. and C.C. latchkey sites \*\*\***

1. Fees are to be paid in advance on the 1st day of the month, for the number of days your child/ren is enrolled to attend.

**OR**

2. Fees are to be paid in advance of the 1<sup>st</sup> of the month, divided into two payments, 1/2 payable on the 1<sup>st</sup> AND second payment with post dated cheque for 15<sup>th</sup> of the month for the number of days your child/ren is enrolled to attend respectively.

Fees will be reassessed annually to reflect the annual cost.

Age Group	Full Day	Weekly / (4 wk)
Before & After School	\$12.00	\$60.00 / \$240.00
Before	\$8.00	\$40.00 / \$160.00
After School	\$8.00	\$40.00 / \$160.00

Full Day	\$30.00	

- ! Cheques payable to Audrey's Clubhouse Latchkey & E.L.C. *\*Off Site Locations Only*
- ! Income Tax receipts will be issued by March/April of the following year.
- ! A 2% per bi-weekly late fee will be applied to payments received after the first and the fifteenth. Please speak with the Director before those dates if you will not be able to make your payment on time.
- ! Accounts that are in arrears will result in the withdrawal of child care services unless payment arrangements are made immediately with the Director, for all arrears. Terminated overdue accounts in arrears will be handed over to a Collection Agency.
- ! N.S.F. cheques are subject to a \$25.00 administration fee in addition to any bank charges.

Extra days in addition to regularly scheduled days may be available if requested. Payment for extra days will be added to the following billing period.

***VACATION CREDIT***

Families are allowed two weeks **booked vacation** time off (according to their child's enrollment schedule) **at no charge**. Credit for vacation will be based on the child's normal enrollment for the average week(s), whether full-time or part-time. Allotment is in a 12-month period, January-December and does not carry over to the next year. Vacation credit is not permitted to be used as part of a termination notice. Please notify supervisor, in writing, of vacation request two weeks in advance.

***ABSENCE***

**Fees are payable for the days booked, whether your child/ren attend or are absent.**

Please speak to the Director if your child/ren is absent due to illness for a period of more than one week. Additional time off after the first week will be credited to the account, when the **children return to the Childcare with a doctor's certificate**. Absences other than certified long-term illness or scheduled vacation will be charged at the daily/weekly rate.

***WITHDRAWAL POLICY***

The Director must be *notified in writing a minimum of two weeks prior to the withdrawal* of a child. **If proper notice is not received, 2 weeks payment is required in lieu of notice.**

***LATE PICK-UP FEE***

Late Pick-Up Charges are **\$5.00** for each **5 minutes or any part of, after the scheduled closing time of the center**. Each occurrence requires payment at that time of pick up or the following morning.

**I agree that I am responsible for my child/ren to attend as scheduled below and to make payment in accordance with the Childcare Policies.**

Child's Name	Drop Off Time	Pick Up Time	Scheduled Days	Rate	4/wk/mth payment \$
					5/wk/mth payment \$

Start date:

**I have received a copy of the Parent Handbook along with a copy of this agreement.**

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

**I have read and agree to the terms and conditions as stated above and in the Parent Handbook.**

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Director/Supervisor