



CHILD CARE REGISTRATION AGREEMENT

This Agreement contains the terms agreed upon between Viva Kids Afterschool Program and

Parent/Guardian _____ for the care of:

Child _____ D.O.B. _____

TUITION

Afterschool Program	Half a day of school	School closures/holidays
<p>\$600 Monthly (<i>\$500 each additional sibling</i>)</p> <p>Monday-Friday 2:30PM - 6PM</p> <hr/> <p><i>Pay-as-you-go Option</i> \$40 per day</p>	<p>ADDITIONAL \$20 (<i>\$10 each additional sibling</i>)</p> <p>11AM – 6PM</p>	<p>ADDITIONAL \$30 (<i>\$20 each additional sibling</i>)</p> <p>8:00AM – 6PM</p> <hr/> <p><i>Pay-as-you-go Option</i> \$70 per day</p>

Return check Fee: \$35.00 plus the \$25.00 late fee will apply after 5th of the month.
Term: A four weeks written notice is required for any party to terminate the agreement.

I understand that the tuition covers the attendance of my child at Viva Kids program. The tuition is due on 1st day of each month or a late fee of \$25.00 will apply after 5th of each month. In case of no payment received by the due date Viva Kids program has a right to refuse any services provided. There is a \$5 charge applies for every 15 min late pick up. If your child miss school, it's your responsibility to notify Viva Kids program management. Viva Kids program has a right to charge you \$5 fee in case you fail to cancel the transportation and didn't report your child absent.

Initial _____

In an event of half a day at school or vacation/holidays, Viva Kids program shall require 1 week notice in advance with additional payment in full. In case of payment is not received by the due date, Viva kids program has a right to refuse services.

Initial _____

The tuition includes adult supervision, transportation to the program full time only, daily meals, homework/project assistance and one activity of choice. The tuition does not include any trips or activities outside of day care center, physician's/hospital fees, and/or emergency procedures.

Initial _____

No refunds are given for late arrivals/early departures, exclusion due to illness, vacations or withdrawal for any reason.

I understand that there are no deductions for any absence in case of illness, vacations or other reasons. A full payment is due despite of government or religious holidays. In case your child missed several days, you have a right to recalculate the tuition based on the \$35 per day rate.

Initial _____

In case of Emergency the undersign hereby given permission to the physician or hospital selected by the provider official to hospitalize and secure proper treatment for my child. I understand that Viva Kids personnel will make every effort to contact my emergency contact or myself before or immediately after such emergency treatment is rendered. Permission hereby granted to Viva Kids to use any audio, photographs, film or video, of the above child in any promotional publicity. Viva Kids is not responsible for losses of personal property of acts done by children or other persons while off day care premises. I have read and fully understood rules and regulations of Viva Kids After School Program.

Parents' Signature

Date