



ACCOUNT AGREEMENT

Last Name

First

Middle

Social Security #

Driver's License #

Home Phone

Present Employer

Employer Address

City, State, Zip

Reference:

Nearest Relative

Address

Phone

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

1. All tuitions are due and payable in full the 1st of every month.
2. Tuitions not paid by the 5th of each month will result in a \$15.00 per day per child late fee until the entire balance is paid. Tuition unpaid by the 10th of each month will result in enrollment suspension.
3. The customer (parent or guardian) agrees to pay, in the event the account is turned over to an agency or attorney for collection, all reasonable attorney fees plus all attendant collection costs or court costs.

Agreed and understood:

Parent or Guardian Signature

Date