Westchester Community College

General Agreement for Student-Parents

Parents Name: ____________________________

Child’s Name: ____________________________

1. During the ______ semester, my weekly fee will be $ ______ for my child. A two week non-refundable security deposit will be given to secure a spot for my child. My schedule for payments will be every four weeks as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sec. Dep.</td>
<td></td>
</tr>
<tr>
<td>1st payment</td>
<td></td>
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<tr>
<td>2nd Payment</td>
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<tr>
<td>3rd Payment</td>
<td></td>
</tr>
<tr>
<td>4th Payment</td>
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</tbody>
</table>

I understand that if my child is not picked up promptly, I will be charged $25.00 for every fifteen minutes, or part of fifteen minutes, I am late. If the problem recurs the Center will not be able to continue to accommodate my child.

2. The following people are allowed to pick up my child:

- Name: ________________ Relationship: ________________
  Phone Number: ________________ Cell Phone: ________________

- Name: ________________ Relationship: ________________
  Phone Number: ________________ Cell Phone: ________________

- Name: ________________ Relationship: ________________
  Phone Number: ________________ Cell Phone: ________________

- Name: ________________ Relationship: ________________
  Phone Number: ________________ Cell Phone: ________________
3. I assume full responsibility for my child en route to and from the Virginia Marx Children’s Center at Westchester Community College. I understand that no transportation is provided by the Center.

4. I give permission for my child to participate on field trips.

5. I agree to keep the Center informed about where and how I can be reached. However, in the event I cannot be reached the following person can be contacted during the day:

   Name: ___________________________   Relationship: ___________________________
   Phone Number: ____________________   Cell Phone: ____________________________

6. I understand that morning and afternoon snack are provided to all children at designated times, and that breakfast is also provided for those children at the Center at 7:00 AM.

   Please circle appropriate days of care:
   Days of Care:  Mon      Tues      Wed      Thurs      Fri
   Hours of Care: from ________________ am to ________________ pm

   Please circle appropriate meals received during days of care:
   Meals received while in Care:
   Breakfast am snack Lunch pm snack

   Parent Name (Please Print): _____________________________________________

   Signature: ___________________________ Date Signed: _____________________