

IPFW CHILD CARE CENTER
REGISTRATION AGREEMENT FORM

I, the undersigned, herewith enroll my child(ren) in the IPFW Child Care Center. I agree to pay my fees weekly, on the first day my child attends each week. I understand that payment of these fees are my responsibility. My failure to pay will prevent further use of this service until all fees are paid. I understand that if I withdraw with a balance due, that balance will be attached to my Indiana-Purdue account for collection.

I understand that the submitted registration forms enroll my child(ren) for the current semester. If my child(ren) are absent for one week without notification he (they) will be taken off the schedule, and my time slots will be forfeited. I will also pay the absence fees incurred during this time period. If it becomes necessary to adjust my schedule, and a waiting list exists for the times needed, I will be added to that waiting list for th new times requested.

I accept the absence policy as explained in the parent handbook which states that I must pay for all hours scheduled whether or not my child is in attendance.

I have read and agree to abide by the policies and procedures as written in the parent handbook.

Parent Signature _____

Date _____

Child's Name _____

Child's Name _____

Child's Name _____