



# Cradles & Crayons Payment Agreement



Parent/Guardian

Last Name	First Name	Middle	Cell Phone
-----------	------------	--------	------------

X XX / X X / \_\_\_\_\_

Social security #

Driver's License # & State

Present address	City	State	Zip
-----------------	------	-------	-----

Employer	Address	Phone
----------	---------	-------

References:

Nearest Relative	Phone	Relationship
------------------	-------	--------------

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

Tuition and fees are due by every Tuesday for that particular week of care.

Tuition not paid by Tuesday evening will result in a late payment fee of \$25 each week until the full amount is paid.

The parent/guardian agrees to pay, in the event the account is turned over to a collection agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs or court costs.

The account will also be reported to the El Paso Police Dept for Theft of Services.

Agrees and understands:

Parent/Guardian Signature

Date

CRADLES & CRAYONS DAY CARE

YEARLY UPDATE ENROLLMENT APPLICATION

Meals provided by the center are as follows. If child is present during the times meals are served.

Please check which meals your child will be eating.

Breakfast served        \_\_\_        6:30 a.m. - 8:00 a.m.

Lunch served        \_\_\_        10:30 a.m. -11:30 a.m. and 11:30 a.m. – 12:00 p.m.

P.M. Snack served        \_\_\_        2:00 p.m. - 3:00 p.m. and 3:00 p.m. – 4:00 p.m.

Dinner served        \_\_\_        6:00 p.m. - 7: 00 p.m.

Child's name: \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Hours in care: M-F 5:30 am to 7:00pm

Date of Admission: \_\_\_\_\_ Date of Withdraw: \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Hours in care: M-F 5:30 am to 7:00pm

Date of Admission: \_\_\_\_\_ Date of Withdraw: \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Hours in care: M-F 5:30 am to 7:00pm

Date of Admission: \_\_\_\_\_ Date of Withdraw: \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Hours in care: M-F 5:30 am to 7:00pm

Date of Admission: \_\_\_\_\_ Date of Withdraw: \_\_\_\_\_

I have received the CACFP Meal Benefit IEF, the CACFP Letter to Households, the WIC info, and the Building for the Future info.

Parents Name: \_\_\_\_\_

\_\_\_\_\_

Parents Signature

\_\_\_\_\_

Date