

The Bethlehem Academy

Parent Agreement

I _____ agree that The Bethlehem Academy will care
for _____ beginning on _____ 20____
Child(ren)'s Name **Date**

The care will include:

_____ *Breakfast* _____ *Afternoon Snack*

I will pay a _____ Monthly Payment is due on the first Monday of each month by 5:30pm.
I understand that rates are subject to change with reasonable notice, as conditions require.

I have received a copy of the *Bethlehem Academy Handbook*. I have read and understand its content and policies and agree to be bound by the same.

My child(ren) will be in care between the hours of _____ and _____ on the following days _____.

Care outside of these hours will require an additional fee of \$ 2.00 for each 1 Minute, which will be paid the same day.

When I withdraw my child(ren) from care, I will give at least two weeks advance notice.

Parent Signature

Date

Academy Official

Date