

MIDLAND PARK CONTINUING EDUCATION
250 Prospect Street
Midland Park, N.J. 07432
Phone (201) 444-2030 Fax (201) 444-2091
www.mpcedu.com

**BEFORE AND AFTER SCHOOL CHILD CARE
PARENT AGREEMENT**

In consideration of my child's participation in the Midland Park Continuing Education **Before School and/or After School Child Care** program(s) from the date of entry until the end of the school year, as per the Midland Park Public School calendar, I agree to the following:

1. I agree to remit each month's fee by the 20th of each month preceding my child's participation in the program as billed. I understand there will be a late charge of \$20 if payment is not made by the 25th of the preceding month. Payments made by check should be made payable to: Midland Park Continuing Education, and mailed to 250 Prospect Street, Midland Park, NJ 07432. A fee of \$20 will be charged for all returned checks.
 - 1a. **I agree to have my credit/debit card charged on the 20th of each month as indicated on the Pre Authorization Form on file.**
2. The cost of the program is based on the number of days my child will attend each month and these days will be set in advance. No deviation in days of the week or substitutions for absence will be allowed.
3. Upon registration, I agree to pay the registration fee together with the first month's tuition
4. No reductions will be made from the monthly fee due to school calendar holidays, sick days or vacations. Our basic rates include program operation on scheduled early dismissal days as well as those months which consist of more than four weeks.
5. I agree to pick up my child(ren) promptly by 4:30 p.m. or 6:00 p.m. (as indicated on my registration form). I understand that a fee of fifteen (\$15) dollars will be charged for the first 15 minutes, and fifteen (\$15) dollars for each additional 15 minutes or any part thereof. I further understand that it is my responsibility to provide alternative arrangements for my child(ren) to be picked up should I not be available and that I will notify the teacher in charge of the name of the adult who will be picking up my child(ren).
6. I understand that Midland Park Continuing Education can request removal of my child(ren) from any Child Care program in the event of continued late payment of tuition, failure to pick up my child(ren) on time repeatedly, child's disruption of class, or any other reasonable cause.

THIS SIGNED FORM MUST BE RETURNED WITH YOUR REGISTRATION FEE AND FIRST MONTH'S TUITION PRIOR TO THE CHILD'S ADMITTANCE IN THE PROGRAM.

I have read and understand the above terms and agree to abide by these regulations in consideration of my child(ren) being accepted in a Midland Park Continuing Education Before School Child Care and/or After School Care program(s).

Parent or Guardian's signature

Date

Child's Name

School

White copy - M.P.C.E.
Pink copy - Parent

KEEP PINK COPY FOR YOUR RECORDS