



55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(C); 3290.123 & 181(C)

This is your Parent Admission/Commitment Agreement for childcare services.

Your signature on this form indicates that you have read and agree to abide by the Parent Admission Agreement. We look forward to having your child registered and using the services at TodayCare at PHEAA.

Child's name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Tuitions for all programs are listed below and will be in effect until a new Parent Admission Agreement is signed. You will be given 30 days written notice of a rate change. Tuition is due monthly or bi-weekly. The first tuition payment can be paid by check, made payable to TodayCare, along with the signed commitment form, but **all tuition payments going forward must be paid electronically via ACH withdrawals through Tuition Express.**

	<b>Full Time</b> Four or Five Days Per Week	<b>Part Time</b> Three Days Per Week	<b>Part Time</b> Two Days Per Week	<b>Back-Up Care**</b> Per Day
Infants	\$1167/month OR \$539/bi-weekly	\$910/month OR \$420/bi-weekly	\$758/month OR \$350/bi-weekly	\$78
Young Toddlers	\$1127/month OR \$520/bi-weekly	\$879/month OR \$406/bi-weekly	\$766/month OR \$354/bi-weekly	\$78
Older Toddlers	\$1086/month OR \$501/bi-weekly	\$847/month OR \$391/bi-weekly	\$738/month OR \$341/bi-weekly	\$68
Preschool	\$1037/month OR \$478/bi-weekly	\$809/month OR \$374/bi-weekly	\$705/month OR \$326/bi-weekly	\$68

\*Back up care is for children enrolled in part-time care. See director for availability.

\*\*Families with more than one child - the oldest children receive a 5% discount.

Tuition is due in advance on the 25<sup>th</sup> of the month prior to care or on Friday before the next two weeks if paying bi-weekly. Tuition that is not paid before 9am on Monday is considered late and will be assessed a \$10 per day late fee. The annual registration fee is \$100 per family to be paid when a new family enrolls, and yearly on the anniversary of enrollment. **Additional services not included in tuition include field trips, for ages 3 and up.**

My child's tuition is \$ \_\_\_\_\_ bi-weekly/monthly (circle one) for \_\_\_\_\_ days a week.

My child will begin care on \_\_\_\_\_.

**My child's schedule will be:**

\_\_\_\_\_ Arrival Time\*: \_\_\_\_\_ Departure Time\* \_\_\_\_\_  
(Indicate days of the week)

\*Must be actual times – 7:00 to 5:30 is not acceptable. Care is for a maximum of 9 ½ hours.

**The following person(s) are authorized to pick up my child:**

\_\_\_\_\_  
\_\_\_\_\_

The Pennsylvania Dept of Human Services (DHS) shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provision for private interviews with any children or staff member, and for the examination of all records relating to the operation of the childcare center. DHS has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, and inappropriate placement.

- I, the parent/guardian have received complete written program information at the time of enrollment. (§3270.121, 3280.121, 3290.121)
- I, the parent/guardian agree to update the emergency contact/parental consent form whenever changes occur or at a minimum of every 6 months. (§3270.124, 3280.124, 3290.124)

**Return your completed form and check to the Center Director. You will be given the original of the signed form.**

**Printed name of Parents:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent** **Date**

\_\_\_\_\_  
**Signature of Parent** **Date**

\_\_\_\_\_  
**Director's Signature** **Date**

**For 6 month review only:**

\_\_\_\_\_  
**Signature of Parent** **Date**

Date of withdrawal  
\_\_\_\_\_