



Go-n-Play #2 Child Care Contract

Type of child care: Full Time Part Time Before & After School
Circle one

This agreement is made between the parent/guardian and Go-n-Play #2 for the care of

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____

This agreement is made effective as of _____, 20____. This agreement will remain in effect for a minimum of three months, after which you can cancel at any time with ten days written notice.

The payment fee is \$_____per week for a minimum of three months. This is a flat rate and stays the same amount regardless of attendance or hours. There is no credit given for scheduled school holidays, child illness, or for closings due to emergency situations, inclement weather or acts of God. All fees are paid one week in advance and are due in full each Friday for the following week.

You will be responsible for all final payments through the end of this contract if you choose to voluntary withdraw your child from Go-n-Play #2 before this contract is fulfilled, whether in attendance or not.

There will be a \$25.00 charge for non sufficient funds and/or late payment.

We offer 2 different options for the payment of your tuition. Tuition can be paid through auto-draft or self-payment. If you elect to self-pay, a security deposit equal to one week's tuition is due at enrollment. This security deposit will be held in your account and can be utilized to pay your last week's tuition. You MUST provide written notice one week in advance to use your security deposit for the next week's tuition (last week's tuition). If you elect to pay through our auto-draft system, a security deposit is not required. The auto-draft can come from your Credit/Debit Card or your checking account.

Parent/Guardian Name	Signature	Date
Director's Name	Signature	Date

Name on Go-n-Play #2 Account : _____

Credit/Debit Card Authorization

Visa MasterCard Discover Amex

Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

- I wish to pay via recurring credit/debit card charges.
- I hereby authorize Go-n-Play #2 to initiate recurring credit /debit card charges to my credit/debit card every Friday for a minimum of three months via Tuition Express. To properly affect the cancellation of this agreement, I am required to give ten days written notice.
- I acknowledge that a 2.5% convenience fee will be applied.
- I acknowledge that if I do not wish to leave a card on file for auto draft, I am required to leave a deposit equal to one week of my child's tuition.

ACH Authorization

Checking Account Savings Account

Account Holder's Name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Billing Address: _____

- I wish to pay via recurring ACH charges.
- I hereby authorize Go-n-Play #2 to initiate recurring ACH charges to my bank account every Friday for a minimum of three months via Tuition Express. To properly effect the cancellation of this agreement, I am required to give ten days written notice.
- I acknowledge that if I do not wish to leave my account on file for auto draft, I am required to leave a deposit equal to one week of my child's tuition.