

Cabarrus County Schools KIDS:PLUS Financial Agreement 2020-21
Terms and Conditions (Please initial before each Term and Condition)

_____ I understand that I am enrolling my child, _____, for **all future weeks of care** during the current school year, unless otherwise specified at the time of enrollment. My child's space will be held, and I will be responsible for payment for this reserved space until I withdraw my child.

_____ I understand that if my child is to be withdrawn from the KIDS:PLUS Program, that the Site Director must be notified **in writing five school days** in advance of the date of withdrawal. Failure to notify in writing may result in an additional week of payment being charged.

_____ I understand that if I withdraw my child, they may re-enroll **once** during the current school year without repayment of the registration fee. If they withdraw and re-enroll more than once, the registration fee will apply.

_____ I understand that unless I am a Cabarrus County Schools employee, I am to pay an annual **Registration Fee** at the time of enrollment for each child I enroll in the KIDS:PLUS Program.

_____ I understand that I am responsible for payment of childcare fees by online debit or credit card, check, or money order. **No cash payments will be accepted.**

_____ I understand that KIDS:PLUS **strongly encourages** the use of the online payment system during the COVID-19 pandemic.

_____ I understand that payments are due no later than the first business day of each week. Payments are expected to be made **in advance**, not in arrears. **Payments will be accepted in the KIDS:PLUS centers only on Mondays during the COVID-19 pandemic.** When normal operations resume, payments will be taken on the first and last business days of the week.

_____ I understand that if I do not pay by my due dates, a late payment fee of \$15.00 will automatically be added to my account.

_____ I understand that if my child is enrolled in Part-Time care and if they are not scheduled to attend on my payment due dates, I will make my payments prior to the dates they are due.

_____ I understand that all balances must be paid by the due dates in order for my child to return on Monday of the following week.

_____ **I understand that it is my responsibility to keep payments up to date on my child's account.** Past due accounts can result in loss of services until balances are paid.

_____ **I understand in the event that multiple parties are responsible for the child's account, all parties must ensure that the account is paid in full to avoid loss of services.**

_____ I understand that KIDS:PLUS is not able to hold checks. Once I submit payment, it will be processed and deposited. I also understand that KIDS:PLUS cannot accept postdated checks.

_____ I understand that if I should overpay, any credits on my account must be used by the end of the school year. Credits remaining on the last day of school cannot be refunded.

_____ I understand that the KIDS:PLUS program has a **no refund policy**.

_____ I understand that a \$25.00 NSF fee will automatically be charged to my bank account for returned checks. CHECKredi, an outside company, will be responsible for the electronic collection of NSF checks turned in to the KIDS:PLUS Program. NSF fees are subject to change without notice.

_____ I understand that no adjustments will be made to my account in the event of my child's absence during program hours. I recognize that **I am responsible for fees for time reserved, not actual time spent at the KIDS:PLUS Program.**

_____ I understand that the KIDS:PLUS Program is open until 5:30pm until further notice due to COVID-19, and will close at 6:00pm when normal school schedules resume. In the event my child is not picked up by the designated closing time, I will be charged **\$15.00 for any portion of the first 15 minutes**, and **\$1.00 for each minute** thereafter. Repeated incidences of late pick-up may result in my child being removed from the program.

_____ I understand that the KIDS:PLUS Program is open according to the official school calendar of Cabarrus County Schools, and is closed on the following holidays: Labor Day, Veterans Day, Thanksgiving, Christmas, New Year's Day, Martin Luther King Day, Easter, Memorial Day, and July 4th (Summer Program).

_____ I understand that weekly rates will **not** be prorated for weeks containing fewer than 5 business days due to teacher workdays, holidays, weather-related closings, or other school closings.

_____ I understand that when normal school schedules resume, the KIDS:PLUS Program will operate a Special Day Program at **selected school sites** on many days when school is not in session. The Special Day Program does not operate at all elementary schools. This program provides care for **full days**. If I want my child to attend KIDS:PLUS on Special Days, I will pay the *extra* Special Day rate, **in addition to my regular tuition**, for each child.

_____ I understand that I must register and pay for the Special Day Program in advance. This allows for adequate planning, ordering, and staffing. A **\$15.00 late fee** will be added to registrations received after the Special Day Program deadline. Refunds or credits will not be given.

_____ I understand that if I am a recipient of childcare subsidy, I will contact the Site Director at my child's school prior to enrolling my child regarding my payment arrangements.

My signature below indicates that I have read, understand, and will comply with the Terms and Conditions as stated above in the Cabarrus County Schools KIDS:PLUS Financial Agreement. Non-Compliance will result in dismissal from the Cabarrus County Schools KIDS:PLUS Program.

(Signature of Parent/Caregiver)

(Date)

KIDS:PLUS Location