

**FINANCIAL AGREEMENT**  
**Private Paying Non-Voucher Account**  
Yates CDC

- Select one of the three tuition payment plans listed below for August 2015 through August 2016. If you need to change plans during the year please see the Center's Program and Office Manager.

\_\_\_ 100% of monthly tuition drafted by the 5<sup>th</sup> of the month

\_\_\_ 100% of monthly tuition drafted by the 20<sup>th</sup> of the month

\_\_\_ 50% of monthly tuition drafted by the 5<sup>th</sup> of the month and  
50% drafted by the 20<sup>th</sup> of the month

- If tuition is not received by the scheduled date, a late fee of 5% of the unpaid tuition may be assessed.
- If the account is not current at the end of the month, childcare may not be available and the Center Director may fill the vacant position.

I, the undersigned parent or legal guardian of \_\_\_\_\_

do hereby state that I have received, read, understand, and agree to the policies regarding the registration fee and tuition for my child to attend Yates CDC, and the Center Director or Program and Office Manager has discussed the policy with me. I agree to pay tuition according to the payment plan that I have checked above.

\_\_\_\_\_ I would like to receive monthly receipts for employment flex benefits.

\_\_\_\_\_ I would like a receive a year-end statement for tax purposes.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

**For office use.**

**Registration fee and financial agreement received on \_\_\_\_\_ (date)**

**by \_\_\_\_\_ (signature).**