

FEE PAYMENT CONTRACT
First Flights Early Learning Centre

I, _____ (parent/guardian's name) agree to pay the regular monthly fee in the amount of _____ as set outlined in the Monthly Fees policy in the parent handbook for _____ (Child's name).

I understand that First Flights Early Learning Centre child care fees will be withdrawn through my EFT account on the first business day of the month. Failure to make payments on time will result in the implementation of the Returned Payments, Late Charges, and Outstanding Accounts Policy.

I understand that if I am applying for Government subsidy it is my responsibility to pay the full fee in advance until notification of subsidy amount is obtained. Care will not begin until full payment or written notification of subsidy is received.

I understand that if my payment is declined, there will be a NSF fee of \$40.00 added to that month's fee. If payment is not received by the 3rd business day of receiving the email notice from the MFRCS that the payment was declined, care will be denied until payment is received.

I understand that my child care fee account will be subject to late fee payment charges for any outstanding balances. That if my child care fee account remains in arrears, my user account and personal information will be forwarded to a collection agency.

I understand that it is my responsibility to keep my personal contact information including telephone numbers and email addresses up-to-date in my child's registration profile and to check for communication regarding my child care fee account regularly.

If fees are outstanding from one entity under the auspices of the 4 Wing MFRCS, the users will be denied access to any other service, program or activity requiring a fee until the existing outstanding fee is paid or a diligent effort is being made to make payments.

I agree to give at least thirty (30) days written notice when removing my child from the First Flights Early Learning Centre. **Without 30 days written notice, an additional fee equivalent to one month of care will be charged. (Policy: Termination of Enrollment)**

I HAVE READ & UNDERSTOOD

(Parent/Guardian's Signature)

(First Flights Signature)

(Date)