



@ Rainbow Learning Center, VA. Lebanon, PA

Dear Parent:

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 of TodayCare at the Rainbow Learning Center.

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 either monthly or bi-weekly.

VA/Federal Employees

	<i>Full Time</i> Four or Five Days Per Month	<i>Part Time</i> Three Days Per Week	<i>Part Time</i> Two Days Per Week	Back-Up Care* (Per Day)	
Infants					
Infants	\$1179/\$544	\$885/\$408	N/A		
One Year Olds					
Young Toddlers	\$1179/\$544	\$885/\$408	N/A		
Two Year Olds					
Older Toddlers	\$1088/\$502	\$810/\$374	\$652/\$301	\$65	
Three & Four Year Olds					
Preschool	\$1019/\$470	\$767/\$354	\$613/\$283	\$65	

Community Childcare

	<i>Full-Time</i> Four or Five Days Per Week	<i>Part-Time</i> Three Days Per Week	<i>Part-Time</i> Two Days Per Week	Back-Up Care* (Per Day)	
Infants					
Infants	\$1283/\$592	\$963/\$444	N/A		
One Year Olds					
Young Toddlers	\$1283/\$592	\$963/\$444	N/A		
Two Year Olds					
Older Toddlers	\$1183/\$546	\$888/\$410	\$710/\$328	\$75	
Three & Four Year Olds					
Preschool	\$1127/\$520	\$845/\$390	\$676/ \$312	\$75	

Full time School Age Care for all age groups is \$225 per week. *Back-Up Care – when available Before & After School Age Care is \$126 per week. Multiple children families-the oldest child receives a 5% discount.

Tuition is due in advance on the 25th of the previous month and/or on Friday before the next two weeks if paying Biweekly. Tuition that is not paid before 9am on Monday is considered late and will be assessed a \$10 per day late Fee. Tuition may be paid via VA payroll deduct, ACH withdrawals and/or checks. The annual registration fee is \$100 per family.

My child's name: _____ Age _____

My child's tuition is \$_____ for _____ days a week. My month and/or biweekly

Tuition is \$_____.

My child will begin care on _____.

My child's schedule will be:

Full time 4/5 days per week _____ Drop Off Time*: _____ Pick Up Time* _____
(Indicate days of the week)

3 days per week _____ Drop Off Time* _____ Pick Up Time* _____
(Indicate days of the week)

2 days per week _____ Drop Off Time* _____ Pick Up Time* _____
(Indicate days of the week)

*Must be actual times – 6:30 to 5:30 is not acceptable.

The Pennsylvania Dept of Human Resources (CCL) 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 child care center. The CCL department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, and inappropriate placement.

Please return your completed form and check to the Center Director. You will be given a copy of the signed Form.

Printed name of Parents: _____

Signature of Parent **Date**

Signature of Parent **Date**

Director's Signature **Date**