

*Riverview Christian Early  
Learning Center*

**Agreement Form**

**Parents:** Please complete all areas marked with an \*. See office personnel for assistance.

**TUITION AMOUNT**

\_\_\_\_\_ per week  
\*Name of Child                      --Due by Wednesday 12:00 p.m.  
(Late fee incurred after 12:00 p.m. Wednesday)

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**Services included under tuition:**

Professional teaching staff and qualified support staff will provide age appropriate care and educational activities. Rooms are staffed according to the ratios mandated by the DPW.

All families will receive a written progress report within 45 days of enrollment. A bi-annual evaluation, regarding your child's growth and development, will be provided twice a year therefore. This schedule will vary for infant/toddler children.

Food Program: Breakfast, lunch, AM/PM snack & milk are provided at no cost to families. Also, breakfast, PM snack & milk for School-Age Rooms.

(Parents must provide diapers, wipes, bibs, etc., in Infant, Pre-Toddler, and Toddler Rooms.)

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**PLEASE COMPLETE OTHER SIDE**

\*Days attending (please circle) M, T, W, Th, F, All

\_\_\_\_\_  
\*Arrival Time

\_\_\_\_\_  
\*Departure Time

Your child may be released only to persons designated on the Emergency Contact Form. After 6:00 p.m. (closing time) there will be a \$10.00 late fee for the first 15 minutes and a \$7.00 late fee every 15 minutes thereafter.

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I, \_\_\_\_\_ as parent/guardian have received a copy of the RCELC handbook and calendar and agree to the guidelines stipulated. I also agree to update this agreement form and the Emergency Contact/Parental Consent Form information whenever changes occur, or at 6 month intervals. I also understand the financial obligation stated above and agree to pay as is outlined in the handbook.

\_\_\_\_\_  
\*Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Date of Child's Admission

\_\_\_\_\_  
Signature of Office Staff

\_\_\_\_\_  
Date

(Please make a copy for the parent/guardian.)

Revised 2/09