



Virginia Marx  
Children's Center  
at Westchester Community College

**Westchester Community College Faculty/Staff and Community Members**

**Parent General Agreement**

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

1. My child will be attending the Children's Center \_\_\_\_\_ days a week.  
My monthly fee will be \$\_\_\_\_\_.

I understand that the tuition is based on the age group or room in which my child is enrolled, and not my child's date of birth. This tuition includes breakfast (if my child arrives at the center before 8:00 AM) lunch and snacks. If necessary, diapers, wipes, formula, and baby food will be provided by me for my child.

I understand that the tuition is due the fifth working day of each month. A \$25.00 late charge will be added on the tenth working day of each month if payment has not been received. If payments are more than two weeks delinquent, continued services will be denied.

I understand that absences from the Center for any reason will not be deducted from the fee. Tuition payment is required regardless of absences, holidays or official Westchester Community College snow days.

I understand that if my child is not picked up promptly, I will be charged \$25.00 for every fifteen minutes, or part of fifteen minutes I am late. If the problem recurs, the Center will not be able to continue to accommodate my child.

2. The following people are allowed to pick up my child:

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. I assume full responsibility for my child en route to and from the Virginia Marx Children's Center at Westchester Community College. I understand that no transportation is provided by the Center.
4. I give permission for my child to participate on field trips.
5. I agree to keep the Center informed about where and how I can be reached. However, in the event I cannot be reached the following person can be contacted during the day:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

6. I understand that lunch, morning and afternoon snacks are provided to all children at designated times, and that breakfast is also provided for those children at the Center at 7:00 AM.

***Please circle appropriate days of care:***

Days of Care: Mon                  Tues                  Wed                  Thurs                  Fri  
 Hours of Care: from \_\_\_\_\_ am    to \_\_\_\_\_ pm

***Please circle appropriate meals received during days of care:***

Meals received while in Care:

Breakfast                  am snack                  Lunch                  pm snack

Parent Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_