
ROGERS-PIERCE CHILDREN'S CENTER

75 Pleasant Street, Arlington, MA 02474
Tel. (781)646-5280 FAX (781)646-5295

FEE AGREEMENT

Name: _____
Address: _____
Telephone: _____

Start Date: _____
Registration Fee: _____
Tuition Deposit: _____

I am contracting childcare services for the following days and hours. I understand that I am responsible for paying the tuition for holidays, sick days, and all other absences such as vacations, snow days or other days that the center is forced to close. I further understand that if I withdraw my child from the summer program I am responsible to pay 30% of his/her regular tuition if I would like him/her to return to RPCC in the fall. Tuition rates increase each July, amount determined by the board of directors. I further understand that a one month's written notice is required for withdrawal, and that I am responsible for all charges within that notification period.

MONDAY _____ a.m. to _____ p.m.
TUESDAY _____ a.m. to _____ p.m.
WEDNESDAY _____ a.m. to _____ p.m.
THURSDAY _____ a.m. to _____ p.m.
FRIDAY _____ a.m. to _____ p.m.

I have received a copy of the Rogers-Pierce Children's Center tuition policy and understand and agree to all stipulations, including the assessment schedule for late payments, late pick-ups, extended day rates, and other administrative fees.
