Small Blessings Childcare
1145 W. Laketon Ave.
Muskegon, MI 49441
231-755-2201

CHILDCARE FINANCIAL RESPONSIBILITY DISCLOSURE STATEMENT

Your signature below forms a binding agreement between Small Blessings Childcare/Muskegon Catholic Central Schools and you (the Responsible Party) for the child(ren) attending childcare. Responsible Party is the individual who is financially responsible for payment of the childcare bills.

The person signing for the child(ren) listed below is the Responsible Party and must:

1. ***Inform Small Blessings Childcare of the current address and phone number.***
2. ***Pay Invoices by due date.***
3. ***All Invoices must be paid up to date, no late payments.***
4. ***Pay any late fees, check returned or misc billing that will occur on a neglected accounts.***
5. ***If billing is to be split (between another parent), please specify: _____ (Each Parent will need to complete separate forms agreeing to this arrangement)***

Returned Check Policy
If a payment is made on an account by check, and the check is returned for any reason the Responsible Party will be responsible for the original check amount in addition to a $25.00 Service Charge. Once notice is received of the returned check the Childcare Director will contact you to make payment arrangements. You will have 15 days to correct the account. The account may be turned over to a collection agency and collection fees will be added to the outstanding balance.

Non-Payment on Account
Should collection proceedings or other legal action become necessary to collect an overdue account, the Responsible Party, understands that Small Blessings Childcare/Muskegon Catholic Central Schools have the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered.

By signing below, you agree to accept full financial responsibility for childcare billing for your child(ren). Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.

_____
Child(ren) Name(s) and Grade

_____
Responsible Party (Please print)

_____
Responsible Party Signature Date