



Copay Balance Agreement

- 1 I understand that I am responsible for my child's monthly tuition as agreed upon and as documented in the New Discoveries Child Care contract.
- 2 I understand that "Copay" is any part of tuition not covered or paid for by DHS and any charges incurred as a result of late fees, unscheduled hours/days or lack off attendance.
- 3 I understand that absences are not credited for illnesses, vacations or any interruption to child care services as scheduled and documented in New Discoveries Child Care Contract.
- 4 I understand that the Copay is expected to be paid by the 5th of every month.
- 5 I understand that payment for Copay balances are not paid by the 10th or 20th of the month, I will be charged the agreed late fees and my child may be excluded from further care if the payment is not made by the 25th or arrangments have been made.
- 6 I understand that any overpayment made toward Copay will be either credited to the next month's tuition or reimbursed.
- 7 I understand I will be required to promptly sign monthly billing forms indicating the amount of hours my child attended care. CHECK THE MAILBOXES AT THE END OF THE MONTH
- 8 I understand that missing more than 5 scheduled days in a month may increase the amount owed beyond the Copay amount and I will be responsible for any unpaid balance that DHS does not cover due to excessive absences.

I agree to pay all Copays and monthly tuition balances for child care services both scheduled and unscheduled to New Discoveries. This includes late fees, extra hours/days of care, and unpaid portions of tuition due to excessive absences.

Signature _____

Print Name _____

Child's Name _____

Date _____