

**Eastford School Readiness Program
Fee Agreement**

I have read and been given a copy of the Fee Policy for the Eastford School Readiness Program. A School Administrator has reviewed our family's gross income documentation and family size. The daily fee has been determined to be _____ .

I agree to pay this fee on a monthly basis, within 2 weeks of receiving the monthly statement. I understand that nonpayment of fees may result in the dismissal of our child(ren) from the program.

If I experience a change in our income of more than \$50.00 per week, we will contact the school to adjust the fee. If I experience any difficulty with paying this fee, or if family circumstances change, I understand that I may speak with the School Administrator to reach an alternative agreement, if possible.

_____ I have read and understand the terms of the Fee Policy.

Parent/Guardian Date

School Administrator Date