



# Subsidy Agreement

CHILD'S NAME	CENTER	AGENCY	EFFECTIVE DATE
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## Agency Imposed Co-Payments

<p>I understand that I am required to pay my agency-imposed co-payment to Clever Bee Academy on the due date. Weekly basis, due <u>in advance by Friday of the preceding week.</u> Amount: \$ _____</p> <p>I understand that this is an agency-imposed co-payment. <b>Co-pay frequency and amount is determined at the agency level, not by Clever Bee Academy.</b></p>
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## Over Market Tuition and Fees

<p>I understand that the agency will only reimburse a portion of my Clever Bee Academy tuition. Any tuition not covered by the agency may be my financial responsibility.</p> <p style="text-align: right;">Weekly</p>
<p>I understand that I am responsible for any fees Clever Bee Academy charges that are not covered by the agency. Some of these fees include, but are not limited to, registration, education, reservation fee, summer, late payments, late pick up, Transportation and field trip fees.</p>

## Absent Days

<p>I understand the agency will pay up to 20 absent days per 6 months for my child. Once I have exceeded those days, I am responsible for the balance not covered by the agency if my child does not attend.</p> <p>I understand if my child does not attend, I will be responsible for a \$25 reservation fee. This is to secure my child's spot at CBA. This fee MUST be paid prior to returning to the center.</p>
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## Minimum / Maximum Hours (Part-time/Full-Time)

<ul style="list-style-type: none"> <li>I understand that due to the increased demand for childcare and ODJFS guidelines for full-time PFCC families my child is <b><u>mandated</u></b> to attend a minimum of 25 hours a week in order to maintain my child's spot in the BSA program.</li> <li>If 25 hours are not fulfilled weekly, I understand that I am responsible for the outstanding balance.</li> <li>As a ODJFS part-time family, I understand the if I exceed the mandated 25 hours, I will be responsible for the excess balance.</li> </ul>
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PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CENTER MANAGEMENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_