



## Plato 2011 Reservation Form

This Agreement (“*Agreement*”) for child care services is entered into this \_\_\_\_\_ day of \_\_\_\_\_, **2011** between PLATO HOME DAY CARE, LTD., an Illinois corporation (“*Plato*”) and the family identified as follows (the “*Family*”):

PARENT/GUARDIAN NAMES: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ Due Date or DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (PRIMARY): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CARE SCHEDULE:**

**TUITION RATE\*\***

[ ] Full Time OR [ ] Part Time

\$115.00/day

During **the transition period** (6-8 weeks) your child will get ONE-ON-ONE care to help him/her transition into our environment with ease. There is a **one-time fee** and it is based on an addition 20% of your **daily tuition**. After one month the staff at Plato will determine if the transition period should be extended for an additional 2 weeks or 4 weeks. This decision will be communicated to the parents at the end of the first 4 weeks.

If it is part time please indicate days: \_\_\_\_\_

Please indicate estimated start time: \_\_\_\_\_ (MM/YY)

Drop-Off Time: \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_

How did you hear about Plato? \_\_\_\_\_

The rate includes diapers and wipes.

\*\*Additional fees will apply for late payments, returned checks, late pick-ups, sick-care, potty training and schedule change

**Reservation & Processing Fee:** A non-refundable \$150.00/child processing fee and **First month tuition is due upon reserving the spot.**

Check should be made payable to: Plato Home Day Care Ltd. Check # \_\_\_\_\_