

Price List

After School Program (5 and up)

*Our After School Program offers afternoon snack, daily art projects & activities, and homework help.

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|-----------------------|--------------|---------------------|------------------------|
| 5 days a week | \$665 | Summer Rates | \$485 Half Days |
| 4 days a week | \$590 | | \$435 |
| 3 or less/week | \$515 | | \$385 |

Preschool Program (4-5 years old)

*Our Preschool Program uses an Early Start Curriculum with daily organized art projects, circle time, lunch, snacks, and music. They learn numbers, letters, problem solving, and get plenty of free play to explore with friends. We also focus on developing high levels of self esteem, confidence, and encourage children to always “use their words.”

| | |
|-----------------------|--------------|
| 5 days a week | \$825 |
| 4 days a week | \$745 |
| 3 or less/week | \$665 |

Wobblers & Toddlers (2-3 years old)

*Our Toddlers are exposed to a wide range of educational activities, art, music, story time, lunch, morning and afternoon snack. The toddlers follow a Early Start Curriculum that moves at their own pace.

| | |
|-----------------------|--------------|
| 5 days a week | \$975 |
| 4 days a week | \$895 |
| 3 or less/week | \$825 |

Infants (3months-2years old)

*Our infants receive a lot of love and nurturing all day long! They are also exposed to a variety of activities; songs and finger plays, colors, shapes, and stimulating toys.

| | |
|-----------------------|---------------|
| 5 days a week | \$1050 |
| 4 days a week | \$975 |
| 3 or less/week | \$895 |

Please Note:

*Tuition Fee is due in advance of services and is non refundable.

*Returned check fee is \$25.

*Sibling rates are 15% off the oldest child(ren).

*Late Pick-up Fee is \$1.00/minute.

*Late Payment Fee is \$25. Will be applied to payments not received by the 5th of every month.

* A 30 day’s notice is required for cancellation. Payments will remain the same for the next 30 days.

*Tuition payments go down as the child gets older. It is the **PARENTS RESPONSIBILITY** to let us know when payment adjustments are due as their child gets older. We will not go back to reimburse prior months.

*Drop Ins must be approved before bringing your child in. Drop In rate is \$60/day (over 5 hours) per child. Drop-ins under five hours is \$12/hour. No sibling discount for drop in rates.

Imagination Station Agreement Form

This agreement summarizes the services to be provided and the fees which will be charged for these services. By signing this agreement the parent(s) indicates their understanding of, and agreement with the caregiver's policies.

The following agreement is made between:

Parent's Name: _____
Home Address: _____
Phone # Home: _____ Work: _____
Cell: _____

Caregiver's Name: Imagination Station Daycare Center, LLC
Center's Address: 7119 N Portsmouth Ave. Portland, OR 97203
Center's Phone #: 503-283-0229
For the care of: _____

Childcare will be provided at **Imagination Station Daycare Center**. It is agreed that childcare will be provided from ___ **a.m.** to ___ **p.m.** for the following days of the week _____. The Registration Fee is \$45 for each child and is non refundable. The monthly fee for child care is \$_____, due and payable whether the child attends care on the agreed day or not (due to illness for example). Overtime fees will be charged at a rate of **\$1.00 every minute**, and are due and payable on arrival on the day of overtime. The caregivers and parents agree to provide **30 Day's Notice** if this agreement is to be terminated or for a schedule change. The parent understands they will still be charged their usual daily rate for the following 30 days, whether they attend or not.

Payment Options:

_____ Option 1: Pay for a year in advance at the current price and get one month free (13 months for the price of 12 at the current price). Prices increase 2.5-3% every January.

_____ Option 2: Pay for a year in advance at the new price and get 13th month 50% off! Payment may be made in two installments.

_____ Option 3: Pay your tuition at the beginning of each month, paying monthly, as usual.

For Options 1 & 2 Reimbursement of 25% for unused months will be paid back within 60 days for any cancellations. Normal 30 Day cancellation notice is required.

Parent's Signature: _____
date: _____

Caregiver's Signature: _____
date: _____

