GOLDEN BLOOM LEARNING & CARE LLC

RECEIPT OF REQUIRED FEES

Where Learning Blossoms & Care Comes First

This form confirms the childcare rates and applicable fees reviewed with the parent/guardian before services begin.

CHILD & FAMILY INFORMATION

Child's Full Name: _____
Parent/Guardian Name: _____

SERVICE RATES

Standard Childcare Rate: $25.00 per hour
Short-Notice / Same-Day Childcare Rate: $35.00 per hour, when available
Other Agreed Rate or Package, if applicable: _____
Scheduled Date(s)/Hours: _____

PAYMENT & FEE ACKNOWLEDGMENT

☐ I understand that childcare payment is due at pickup unless another arrangement is approved in writing.
☐ I understand that at least 24 hours' notice is requested for cancellations.
☐ I understand that late cancellations and no-shows may be subject to applicable service fees disclosed at booking.
☐ I understand that additional time beyond the scheduled care period may result in additional childcare charges.
☐ I understand that any special fee, deposit, or rate not listed above will be communicated before it is charged.

ITEMIZED FEES FOR THIS BOOKING, IF APPLICABLE

Childcare Fee: $_____
Short-Notice Rate/Adjustment: $_____
Late Cancellation/No-Show Fee: $_____
Additional Time/Late Pickup Charge: $_____
Other: _____ $_____
Estimated/Final Total: $_____

RECEIPT & ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the applicable childcare rates and fees for Golden Bloom Learning & Care LLC.

Parent/Guardian Name: _____
Signature: _____ Date: _____

Golden Bloom Representative: _____
Signature: _____ Date: _____