

When a request is made to split an account for the payment of child care fees, RisingOaks Early Learning must ensure that both parties are in agreement to the terms and conditions of the split.

Parent/Guardian 1		Parent/Guardian 2	
Name		Name	
Address		Address	
City		City	
Postal Code		Postal Code	
Phone (h)		Phone (h)	
Phone (w)		Phone (w)	
Email		Email	

Child's Name _____ Location/Program _____
 Child's Name _____ Location/Program _____
 Child's Name _____ Location/Program _____

NEW TERMS AND CONDITIONS:

Monthly Fees: Parent 1 = ____% Parent 2 = ____% This split will also apply to all extra days.

Customer Deposit: Leave as is; a customer deposit (CD) equal to 50% of the agreed upon monthly fees will be required on the new account.

Transfer ____% to new account;

(e.g., current CD is \$200. You agree to split the fees 60% - 40% and transfer 60% (\$120) of the CD to the new account. Therefore parent 1 will have a CD of \$80 on file; Parent 2's will have a CD of \$120 on file).

Invoices: RisingOaks will generate a separate invoice for each account. Each party will be responsible to make payment per the Payment Policies.

Arrears RisingOaks' Payment Policies include a strict collections process. If either account is in arrears and that parent fails to pay in the specified timeframe, the child care space may be suspended. A suspension notice will be sent to both parents and will take effect the next day. It is the parents' responsibility to ensure that both accounts remain in good standing.

Tax Receipts: RisingOaks will issue income tax receipts separately to each account holder.

ACKNOWLEDGEMENT & ACCEPTANCE

I hereby acknowledge and agree to the terms and conditions outlined above. I am aware that RisingOaks Early Learning will only agree to split this account if both parties agree to percentage to be billed to each account. At this time, we are in agreement and I am formally requesting that RisingOaks process this request.

Parent 1's signature _____ Date _____ Parent 2 signature _____ Date _____

Witnessed by: _____ Date _____ Witnessed by: _____ Date _____

Note: a witness must be of provincial age of majority and not be an immediate family member. The witness must be present at the time the parent signs the document.

FOR OFFICE USE ONLY	Account 1 Code _____	Date Received:	_____
	Account 2 Code _____	Name: _____	_____
New Account Set up:	<input type="checkbox"/> New Account Created	Name: _____	_____
	<input type="checkbox"/> CD applied	Date/Initials	_____