

Congregational Child Development Center

(989) 725-9092 Office 723-0550 Daycare

MONTHLY CHILD CARE CONTRACT

Parent: _____

Child: _____

Month of: _____

Wk Of	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL HOURS										
_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><i>time in</i></td> <td style="width: 50%; text-align: center;"><i>time out</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;"><i>time in</i></td> <td style="text-align: center;"><i>time out</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: right;"><i>hours</i></td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	<i>time in</i>	<i>time out</i>	_____	_____	<i>time in</i>	<i>time out</i>	_____	_____	<i>hours</i>	_____	_____	_____	_____	_____	Total Hours: _____ Hourly Rate: _____ Weekly Subtotal: _____ Adjustments*: _____ TOTAL DUE: _____
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The above amount is **DUE** and payable in full **PRIOR** to when child is first delivered for care each week.

- I understand that I am responsible for paying for the hours I have contracted for even if my child does not attend. I understand that the contract and payment are due prior to when the child is first delivered for care each week.
- If I use the daycare beyond the number of hours I contract for, I understand that payment for the additional time is due with the following week's fee.
- I understand that if I pick up my child after the closing time (6:15) I will be assessed a fee of **\$10** in 15 minute intervals.
- A late fee of **\$20** will be charged for **each** week that payments are not made as scheduled.
- I understand that if I have not paid my child care fee as specified above, I will not be permitted to leave my child until I have paid my bill in full or have made special payment arrangements with the Director.

Monthly contracts are due the Wednesday before the 1st of the month. If received after the 1st of the month there will be a **\$20** late fee added.

Parent/Guardian Signature

Date

Monthly Hours: _____

Adjustments*: _____

TOTAL DUE: _____

*Adjustments may include (but are not limited to) DHS payments, credits, late charges, etc.