

Congregational Child Development Center

(989) 725-9092 Office 723-0550 Daycare

Child Care Contract

Parent: _____ (please print) Week of: _____

Child 1:

Child 2:

Child 3:

Name:

	<i>Schedule</i>	<i># of Hrs</i>		<i>Schedule</i>	<i># of Hrs</i>		<i>Schedule</i>	<i># of Hrs</i>
Monday:	_____	_____	_____	_____	_____	_____	_____	_____
Tuesday:	_____	_____	_____	_____	_____	_____	_____	_____
Wednesday:	_____	_____	_____	_____	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____	_____	_____	_____	_____
Friday:	_____	_____	_____	_____	_____	_____	_____	_____
Total Hours:		_____			_____			_____
Hourly Rate: (Full/Part Time)		\$ _____			\$ _____			\$ _____
Subtotal		\$ _____			\$ _____			\$ _____
Adjustments*		\$ _____			\$ _____			\$ _____
Total Due:		\$ _____						

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

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.
- Contracts are due on Wednesdays. Contracts turned in after 12:00 pm on Thursdays will be automatically charged a **\$10 late fee**. If received on Fridays there is an automatic charge of **\$15** and if turned in on Mondays a **\$20** charge. You may fill out a contract/payment request form if you need to make special arrangements with the Director.
- 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.

Parent/Guardian Signature

Date