

LEWIS CENTRAL LUCKY CHILDREN
CONTRACTUAL AGREEMENT

CHILDS FULL NAME: _____ **START DATE** _____

ARRIVAL TIME: for am students (please check for staffing purpose)

6:30-7:30 am _____ 7:31-8:40 am _____

SCHEDULE OF ATTENDANCE:

Monday	Tuesday	Wednesday	Thursday	Friday
_____am	_____am	_____am	_____am	_____am
_____pm	_____pm	_____pm	_____pm	_____pm

SCHEDULE OF PAYMENT:

_____WEEKLY _____BI-WEEKLY _____MONTHLY

*Please mark a tuition payment schedule. Statements will be placed in the parent folder bi-weekly. A running account will be kept for each active student.

*Notification is necessary when the child will not be attending the program. If you are signed up for a full day and do not attend, you may be charged.

*Past due accounts will not be allowed to exceed two (2) weeks tuition.

*If a payment has not been made for 15 days the child may be dropped from the program and may not return until arrangements are made for the payment of the past due balance.

* Your account will be charged NSF fee of 25.00 for all returned checks.

*LCLC opens at 6:30 am and Closes at 6:00pm. You may be charged a fee after 6:00 pm.

*Incident reports are to be signed by the parents. A copy will be placed in your child's file.

*Medication administration request must be filled out before any medication will be given during LCLC hours.

*I have received and read the Parent Handbook and understand the policies.

My signature indicated that I have read, understand and agree to all LCLC policies.

PARENT SIGNATURE _____

DIRECTOR'S SIGNATURE _____

DATE _____