

# NORTH SCOTT CHILD CARE CENTER

## Child Care Contract

Name(s) of child(ren) \_\_\_\_\_

Name(s) of parent(s)/guardian(s) \_\_\_\_\_

Attendance:

Days Per Week:

_____ Full Days (5 hours or more)	_____
_____ Half Days (less than 5 hours)	_____
_____ Before and After School	_____
_____ Before School	_____
_____ After School	_____
_____ Preschool Only	_____

Fee Rates:

Fee per week \_\_\_\_\_

Fee per day \_\_\_\_\_

Weekly fees are subject to change when there are late starts, early dismissals, school closings, or a tuition rate increase.

Fee Policies:

Fees are payable at the end of the week. Unpaid fees will not be carried for more than two weeks, unless arrangements have been made with the Program Director for alternative methods of payments.

You are responsible for paying for the days your child is scheduled to attend, even if he/she is absent. If your child is absent all of the days he/she is scheduled to attend in a week, you will pay half of the normal weekly rate.

This contract is effective for the school year beginning \_\_\_\_\_ and ending \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Provider/Date

\_\_\_\_\_  
Signature of Parent/Guardian/Date

\_\_\_\_\_  
Signature of Parent/Guardian/Date