



# SCHOOL AGE Child Care Contract

Child's Name \_\_\_\_\_ School Year: \_\_\_\_\_ Grade in Fall \_\_\_\_\_

**School Location:** East Arbor OR Lincoln Consolidated

Primary Parent: \_\_\_\_\_  
(List the person who should receive the monthly invoice and will be responsible for payment)

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Parent: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

**Please check ALL that apply. MINIMUM ENROLLMENT OF TWO AM OR PM SESSIONS PER WEEK.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care	0	0	0	0	0
After Care	0	0	0	0	0

<b>AM Kids Club</b>	6:30-8:30am	\$9.50/morning
<b>PM Kids Club</b>	3:00-6:00pm	\$11.50/afternoon
<b>AM and PM Kids Club</b>	Full week of care	\$97.50/week (includes discount)
<b>REGISTRATION FEE: \$55.00 or \$70.00 (two or more children)</b>		

Tuition is calculated monthly based on the number of mornings and/or afternoons contracted for each month. HALF DAYS, EARLY RELEASE DAYS, NO SCHOOL DAYS, AND SNOW DAYS MUST BE SIGNED UP SEPERATLY AND THEN BILLED SEPERATLY.

The program begins the first full school day and runs until the end of the school year. Children will be enrolled on a first come, first served basis as space permits.

### TO COMPLETE REGISTRATION

- To secure your spot, return this registration form along with your registration fee. Registration Fee will be collected via Tuition Express. All open spots are on a first come first serve basis.**
- BEFORE** the first day of attendance, all child files must be complete. Forms will be emailed in August.
- I understand that this is a **CONTRACT FOR SERVICES** and that I am responsible for the tuition charged for the above schedule whether or not my child attends each day.

We agree that our registration fee of \$ \_\_\_\_\_ is nonrefundable unless the organization is unable to enroll my child due to space. I understand that my child's spot isn't secured until DDDC has received both my registration form and registration fee.

We agree to pay the provider monthly for childcare services on **the last day of each month by Tuition Express**. This fee includes breakfast and PM snack. We agree to pay the full fixed daily rate regardless of absences. We understand that DDDC reserves the right to adjust the fixed daily rate with thirty (30) days written notice. We further agree that the child care fees are to be paid in full monthly, unless a payment plan had been established with the Director. We also agree to pay any late payment penalties and late pick up fees established in the parent policy manual.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_