



Shiocton Child Care Center Contract
 (One form per child)
SUMMER
 Effective 6/4/2021 – 8/31/2021

Child's Name _____ **DOB** _____

Hours of operation are Monday through Friday 5:30 a.m. to 6:00 p.m. (Maximum 10 hours per day.)

Child Care Days/Hours Needed (Minimum of two days)					
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

Weekly Fee \$ _____ (See reverse side)

This contract covers the arrangement made between the Shiocton Child Care Center and _____
 _____ concerning the child care of _____.

By signing this agreement you agree to all the conditions set forth below as well as all care guidelines outlined in writing by Shiocton Child Care Center in our policies. Policies can be viewed at <https://www.shiocton.k12.wi.us/child-care/sccc-information.cfm>. This contract must be signed before care can begin June 4, 2021.

I accept the rate specified above for care and will pay this rate the Friday before care. If I fail to pay the Friday before care I will be charged a \$25 late payment fee. A late pick up fee will be charged of \$15 for every ten minutes if I pick up after my contracted time.

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____