



SHIOCTON CHILD CARE CENTER

N5650 Broad St, P.O. Box 68, Shiocton, WI 54170-0068
(920) 986-3351 Ext. 790 • Fax (920) 986-3291

Shiocton Child Care Center Contract

(One form per child)

Child's Name _____ DOB _____

Contract Start Date _____ Contract End Date _____

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

| Child Care Days/Hours Needed | | | | | |
|------------------------------|--------|---------|-----------|----------|--------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| Drop Off | | | | | |
| Pick Up | | | | | |

Weekly Fee \$ _____

This contract covers the arrangement made between the Shiocton Child Care Center and (parent / guardian's name) _____ concerning the child care of (child's name) _____.

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 its 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.

I accept the rate specified above for care and will pay this rate on the first Friday before care begins. If I fail to pay on the first Friday before care begins, I understand that I will be charged a \$40 late payment fee. I understand that I will be charged a late pick-up fee of \$15 per ten minutes if I pick up after my contracted time.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

"Where Excellence is Expected"

The School District of Shiocton does not discriminate on the basis of race, sex, color, age, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.