



# Shiocton Child Care Center Contract

(One form per child)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Contract Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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 \$ \_\_\_\_\_

This contract covers the arrangement made between 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://ns3579.wixsite.com/sccc2018/sccc-information>. This contract must be signed before care can begin.

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 \_\_\_\_\_