

CONGREGATIONAL CHILD DEVELOPMENT CENTER

Office: 989.725.9092 | Daycare: 989.723.0550 | Fax: 989.723.6668 | Email: ccdcrocks@yahoo.com

- Weekly Child Care Contract -

Parent/Guardian Name: _____ Week Of: _____

NAME CHILD 1: _____ NAME CHILD 2: _____ NAME CHILD 3: _____

Schedule: Time In/Out
15 Minute Increments # of Hours

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15 Minute Increments # of Hours

Schedule: Time In/Out
15 Minute Increments # of Hours

Monday: _____

Monday: _____

Monday: _____

Tuesday: _____

Tuesday: _____

Tuesday: _____

Wednesday: _____

Wednesday: _____

Wednesday: _____

Thursday: _____

Thursday: _____

Thursday: _____

Friday: _____

Friday: _____

Friday: _____

Total Hours: _____

Total Hours: _____

Total Hours: _____

Hourly Rate: \$ _____

Hourly Rate: \$ _____

Hourly Rate: \$ _____

Subtotal: \$ _____

Subtotal: \$ _____

Subtotal: \$ _____

*Adjustments: \$ _____

*Adjustments: \$ _____

*Adjustments: \$ _____

TOTAL DUE: \$ _____

**Adjustments may include (but are not limited to) DHS payments, credits, late charges, etc.*

The above amount is DUE and payable in full PRIOR to when the child is first delivered for care each week.

- I understand that I am responsible for paying for the hours I have contracted for even if my child does not attend. I understand that the contract and payment are due prior to when the child is first delivered for care each week.
- I understand that contracts are due every Wednesday. Contracts turned in after 12:00 pm on Thursday will be automatically charged a \$10 late fee. If received on Friday, an automatic charge of \$15, and if turned in on Monday, an automatic charge of \$20. We cannot guarantee care if your contract is turned in late. Contract/payment request forms are available if special arrangements with the Director are needed.
- I understand if I use the daycare beyond the number of hours I contract for, payment for the additional time is due with the following week's fee.
- I understand if I pick up my child after the closing time (6:15 pm) I will be assessed a fee of \$10 in 15 minute intervals.
- I understand that a late fee of \$20 will be charged for each week that payments are not made as scheduled.
- I understand that if I have not paid my child care fee as specified above, I will not be permitted to leave my child until I have paid my bill in full or have made special payment arrangements with the Director.

Parent/Guardian Signature

Date