# CONGREGATIONAL CHILD DEVELOPMENT CENTER

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**- 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 example 9:00-4:15* / *# of Hours 7.25* | *Schedule: Time In/Out 15 Minute Increments example 9:00-4:15* / *# of Hours 7.25* | *Schedule: Time In/Out 15 Minute Increments example 9:00-4:15* / *# of Hours 7.25* |
| Monday: | _____ _____ | _____ _____ | _____ _____ |
| Tuesday: | _____ _____ | _____ _____ | _____ _____ |
| Wednesday: | _____ _____ | _____ _____ | _____ _____ |
| Thursday: | _____ _____ | _____ _____ | _____ _____ |
| Friday: | _____ _____ | _____ _____ | _____ _____ |
| Total Hours: | 0.00 | 0.00 | 0.00 |
| Hourly Rate: $ | _____ | _____ | _____ |
| Subtotal: $ | $0.00 | $0.00 | $0.00 |
| *Adjustments: $ | _____ | _____ | _____ |
| **TOTAL DUE: $** | $0.00 | | |

**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

*Payments can be made on our website (not brightwheel): www.ccdcrocks.com/payments*