CONGREGATIONAL CHILD DEVELOPMENT CENTER

OFFICE: 989.725.9092 | **FAX:** 989.723.6668 | **EMAIL:** CCDCROCKS@YAHOO.COM | **WEB:** WWW.CCDCROCKS.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 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:		**Monday:**		**Monday:**	
Tuesday:		**Tuesday:**		**Tuesday:**	
Wednesday:		**Wednesday:**		**Wednesday:**	
Thursday:		**Thursday:**		**Thursday:**	
Friday:		**Friday:**		**Friday:**	
Total Hours: 0.00		**Total Hours:** 0.00		**Total Hours:** 0.00	
Hourly Rate: $		**Hourly Rate: $**		**Hourly Rate: $**	
Subtotal: $ $0.00		**Subtotal: $** $0.00		**Subtotal: $** $0.00	
***Adjustments: $**		***Adjustments: $**		***Adjustments: $**	
TOTAL DUE: $ $0.00					

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

Payment above is due in full prior to the first day of care each week: www.ccdcrocks.com/payments

- **We do NOT accept payments through the brightwheel app.**
- **Contracts are due every Wednesday.** Contracts received after 12:00 pm Thursday: $10 late fee. Contracts will not be accepted after Thursday. Care is not guaranteed for late contracts.
- **Late pick up fee:** $10 per 15 minute interval after 5:30 pm.
- **Late payment fee:** $20 per week if payment is not made as scheduled.
- Parents are responsible for contracted hours even if the child does not attend. Additional hours used will be added to the following week's bill.
- **Contract and payment request forms are available if special arrangements with the Director are needed.**
- **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 payment is made in full or special payment arrangements have been approved by the Director.
- **I confirm this schedule is accurate and I understand charges are based on contracted hours.**

_____ _____

Parent/Guardian Signature Date