CONGREGATIONAL CHILD DEVELOPMENT CENTER

OFFICE: 989.725.9092 | FAX: 989.723.6668 | EMAIL: CCDCROCKS@YAHOO.COM | WEB: WWW.CCDCROCKS.COM

- Monthly Child Care Contract -

Parent/Guardian Name:_____ Child's Name:_____ Month:_____

If the month ends during the week please finish out the week into the next month | Please fill out times in 15 minute increments

Wk Of	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL HOURS
_____	time in / time out time in / time out					Total Hours:_____ Hourly Rate: $_____ Weekly Subtotal: $_____ *Adjustments: $_____ TOTAL DUE: $_____
_____						Total Hours:_____ Hourly Rate: $_____ Weekly Subtotal: $_____ *Adjustments: $_____ TOTAL DUE: $_____
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_____						Total Hours:_____ Hourly Rate: $_____ Weekly Subtotal: $_____ *Adjustments: $_____ TOTAL DUE: $_____

The above amount is DUE and payable in full PRIOR to when the child is first delivered for care each week. Payments can be made on our website (not brightwheel): www.ccdcrocks.com/payments

- I understand 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.
- Monthly contracts are due the Wednesday before the 1st of the month. If received after the 1st of the month there will be a $20 late fee added. 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 (5:30 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

Monthly Hours:_____

*Adjustments: $_____

TOTAL DUE: $_____

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