



**St. Charles Early Childhood Center
9 Month Contract for Services
(First Day of School - Last Day of School)**

Start Date: _____

Name of Child: _____ DOB: _____ If School Age, What grade & school? _____

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Parent/Guardian Name(s): _____

Contract for Services:	Mondays		Tuesdays		Wednesdays		Thursdays		Fridays	
	From:	To:	From:	To:	From:	To:	From:	To:	From:	To:
5 days a week:										
4 days a week:										
3 days a week:										
Part Time: (1-2 days a week)										
BB4C Wrap Around: (Less than 4.5 hours)										
Before School & After School										

As a parent/guardian of the child, I agree to:

- Comply with the policies and procedures regarding fees and payments. I understand that payments for the next two weeks are due on the Friday **AFTER** I receive my statement. A \$15 late fee will be assessed for payments made after that time.
- Abide by the program's health policies prohibiting my child from attending the program when sick.
- Pay for any non-attendance days beyond the personal days allocated.
- Pay an After-Closing Fee of \$15 for any portion of a quarter hour the child is on the premises past 6:00 pm. This is per child.
- **Over Time Fee:** A \$15.00 charge will be applied for every 30 minutes any child remains in the Center beyond 10 hours per day. This fee begins at 10 hours, 1 minute.
- That this agreement is subject to change in whole or part by St. Charles Early Childhood Center with two weeks notice.
- This agreement may be terminated by St. Charles Early Childhood Center at any time. A child may be disenrolled by the center without prior notice if, in the opinion of the center, it is in the best interests of the child or the center to disenroll the child. St. Charles Early Childhood Center does not discriminate against any race, nationality, religion or ability level.
- Abide by all the guidelines as stated in the parent handbook, which we have received and read.
- Provide the Center with a two week written notice if terminating services. Personal days may not be used during this two week notice.
- Abide by the contracted days/times as indicated. If we should change my child's scheduled number of days or times, I understand we risk losing our child's spot in the program.
- **Abide by that if collections are filed on our account, we will be responsible for all court fees.**

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent's birth date: _____

Parent's birth date: _____