



# St. Charles Early Childhood Center

## Contract for Services

### 3 Month Contract

(Beginning of June to End of August)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Start Date: \_\_\_\_\_

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:					

**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 6:00pm. This is per child.
- Abide by all the guidelines as stated in the parent handbook, which we have read and received.
- 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent's birth date: \_\_\_\_\_

Parent's birth date: \_\_\_\_\_