

St. Peter's Christian Kid-Zone Daycare

School Year _____ **Summer** _____

CHILD CARE CONTRACT

This is a contract between _____ and St. Peter's
(Name of Parent(s)/Guardian)
Christian Kid Zone for the care of _____
(First and Last name of Child)

The child will not be brought to the Center before 6:45 AM and will not be picked up later than 5:30 PM, unless prior arrangements have been made.

The normal time(s) on the following days will be:

Monday: (from _____ to _____) / (from _____ to _____)

Tuesday: (from _____ to _____) / (from _____ to _____)

Wednesday: (from _____ to _____) / (from _____ to _____)

Thursday: (from _____ to _____) / (from _____ to _____)

Friday: (from _____ to _____) / (from _____ to _____)

OR

For families with a varied schedule, the normal number of days per week will be _____. Your new schedule must be supplied by Thursday morning for the next week.

I will supply a schedule (weekly, monthly, etc.) _____

The fee will be \$ 3.50 per hour, plus any overtime accumulated during the week at the same rate. Statements will be placed in the child's "Take Home" file folder (or sent via e-mail) on Monday of the following week and payment is due on that Thursday. Any payment received later than Friday will be charged a \$5.00 late fee for each day late. There will be no exceptions.

Upon enrollment in the Center, a registration fee is required. This is a yearly charge. The registration fee is \$15.00/child (non-refundable).

Contracted hours will be charged whether the child attends the Center or not, or if the Center is not notified of a Personal Day being used. REMEMBER, you must give two (2) days (48 hours) notice to use a Personal Day, unless it is being used for a sick, snow, or flood day. If your child is not attending due to sickness, snow or flood day, you need to call in before their time of arrival or you will be charged for that day. To cancel your contract, you must give a two (2) week notice in writing; for a reduction in hours, you must give a one (1) week notice in writing. Personal days run calendar year and are pro-rated depending on when your child starts. When personal days are used up, parents are charged for the full contracted hours. A new set of personal days starts January 1.

HOLIDAYS - There is no charge nor do you need to use a Personal Day when the Center is closed. Holidays closed: New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve and Christmas Day. There may be other days we end up closing if the enrollment is not high enough to stay open, such as New Year's Eve day or around July 4th.

At times there may be fees above the cost of care (i.e. special events, field trips, etc.).

If you arrive at the Center before/after closing time, you will be charged as follows (unless prearranged and approved by the Daycare Program Director or staff in charge):

5 – 15 minutes = \$ 5.00

16 – 30 minutes = \$10.00 (etc.)

Each child's absence due to hospitalization will be reviewed on an individual basis.

If you have an interruption of employment or something else that causes you not to need daycare; you may cancel your contract with 2 weeks notice. To re-enroll (provided there is room) you would need to pay another registration fee. To save your spot, you would need to pay the normal contracted weekly amount.

There will be a \$10.00 fee for any check returned for any reason except bank error. Should this check be returned again, a \$15.00 fee will be assessed and parents will be asked to cover this check and its fee with a money order. More than two returned checks will necessitate the need for the Parent/Guardian to make all future payments in cash and in advance.

Person(s) responsible for payment of fees: _____

(Address and Phone Number of person(s) listed above.)

Check or Money Order should be payable to St. Peter's Daycare. If necessary, mail to 345 N. Pine St., Reedsburg, WI 53959

AGREEMENT

I have read St. Peter's Christian Kid Zone Parent Policy Handbook and hereby agree upon its use for my child(ren).

I will provide proof of a complete medical check-up and current immunizations.

I will keep St. Peter's in my prayers as they care for the needs of all children.

This contract is in effect until change is necessary.

(Signature of Parent/Guardian

Date

(Signature of Daycare Program Director)

Date