



# Child Care Agreement

Child's Name:	First	Middle	Last		
Parent or Guardian name:	First	Middle	Last		
Parent or Guardian name:	First	Middle	Last		
Check Days of Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival Time	_____	_____	_____	_____	_____
Departure Time	_____	_____	_____	_____	_____
<b>Fee:</b> (check one)			<b>Payment:</b>		
<input type="checkbox"/> 5 days @ \$230 week (\$250 12-30 months) <input type="checkbox"/> 4 days @ \$230 week (\$230 12-30 months) <input type="checkbox"/> A.M. care @ \$190 week (5 hours) (\$210 12-30 m) <input type="checkbox"/> P.M. care @ \$190 week (5 hours) (\$210 12-30 m)			Payment is due <b>Friday in advance of the week.</b> Late Fee: A late charge of \$50 will be assessed if payment is not received by Tuesday at 6pm. There will be an additional \$5 per day charged until account is paid in full. Late Pickup: <b>A \$35 late fee will apply if a child is picked up after 6pm. After 6:10pm an additional \$5 per minute will be charged.</b>		

I agree to promptly notify Little Scholars Early Learning Center of any changes to the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. I further agree to give a minimum of 2 weeks notice before discontinuing child care at Little Scholars Early Learning Center.

**I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Little Scholars Early Learning Center.**

\_\_\_\_\_

Parent or Guardian Signature                      Date                      Parent or Guardian Signature                      Date

I agree to provide the child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to the above information.

\_\_\_\_\_

Director Signature                      Date

8202 Steilacoom Blvd SW    Lakewood, WA. 98498                      (253) 327- 1822    office

**Comments:**



Addendum

**Vacations:**

Planned absences and/or vacations will be charged a holding rate of one half of regular pay. All planned absences require a 14 day notice to the center to qualify for the holding rate. Any notices received after this period will be charged the regular rate.

**Enrollment fee:**

An enrollment fee of \$85 is due upon enrollment. Thereafter a \$85 fee will be charged every September to renew enrollment.

**Additional Care:**

If additional care is needed beyond the amount agreed to in this contract it will be discussed and approved in writing by management.

**I have read, understand, and agree to comply with the policy outlined in this addendum to my child care agreement with Little Scholars Early Learning Center.**

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Parent or Guardian Signature      Date

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Parent or Guardian Signature      Date