

First

Child Care Agreement

Last

| Child's Name: | | | | | | | |
|---------------------------------|---------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|--|--|
| Parent or Guardian name: | First | Midd | le Last | | | | |
| Parent or Guardian name: | First | Midd | le Last | | | | |
| . a. cite or odditalali hallic. | | | | | | | |
| Check Days of Care | Monday | Tuesday | Wednesday | Thursday | Friday | | |
| Arrival Time | | | | | | | |
| Departure Time | | | | | | | |
| Fee: (check one) | | | Payment: | | | | |
| ☐ 5 days @ \$405 weel | • | nths/not | Payment is due Friday in advance of the week of care. Late Fee: A late charge of \$75 will be assessed if payment is not | | | | |
| | potty trained) | | received by Monday at 6pm. If payment is not received by | | | | |
| 3 days @ \$375 weel | • • | • | Tuesday care will discontinued. | | | | |
| A.M. care @375 we | | • | Late Pickup: A \$50 late fee will apply if a child is picked up | | | | |
| P.M. care @ \$375 w | eek (5 hours) (\$4 | 05 12-30 m) | after 6pm. After 6:10pm an additional \$7 per minute will be | | | | |
| DCYF Subsidy | | | charged. | | | | |
| CCAA Subsidy – (See | e CCAA contract a | ddendum) | | | | | |
| | | | | | | | |
| I agree to promptly no | tify Little Scholar | s Farly Learnin | g Center of any ch | anges to the above | VΔ | | |
| information. I underst | • | • | • | _ | | | |
| I agree to give a minim | | | | | | | |
| Center. I further agree | | | _ | | • | | |
| _ | | | • | _ | | | |
| I have read, understand | _ | | policy and proced | aures and iniorni | ation for parents | | |
| given to me by Little So | illolars Early Lear | ning Center. | | | | | |
| | | | | | | | |
| | | | | | | | |
| Parent or Guardian Signatur | e Date | | Parent or Guardian | Signature | Date | | |
| | | | | | | | |
| I agree to provide the | | | | gree to promptly | notify the | | |
| parents or guardians of | of any changes to | the above info | ormation. | | | | |
| | | | | | | | |
| Director Signature | Date | | | | | | |
| 8202 Steilacoom Blvd SW | | 198 | (253 |) 327- 1822 o | office | | |
| Comments: | | | (==== | , | | | |
| Comments. | | | | | | | |
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| | | | | | | | |
| | | | | Page 2 over | | | |
| Undated 7/6/22 | | | | . 200 = 0401 | | | |

Middle



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<u>Addendum</u>

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| | | | | | | | |

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 \$150 is due upon enrollment. Thereafter a \$150 fee will be charged every September to renew enrollment.

Additional Care:

Parent or Guardian Signature

Date

| 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 childcare agreement with Little Scholars Early Learning Center.

Parent or Guardian Signature

Date