



### Child Care Agreement

Child's Name:					
	First	Middle		Last	
Parent or Guardian name:					
	First	Middle		Last	
Parent or Guardian name:					
	First	Middle		Last	
Days and times my child will receive care:					
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) <input type="checkbox"/> 5 days @ \$210 week (\$240 12-30 months) <input type="checkbox"/> 4 days @ \$195 week (\$220 12-30 months) <input type="checkbox"/> 3 days @ \$180 week (\$200 12-30 months) <input type="checkbox"/> A.M. care @ \$150 week (5 hours) <input type="checkbox"/> P.M. care @ \$150 week (5 hours) <input type="checkbox"/> DSHS approval <b>(see addendum)</b>			<b>Payment:</b> Payment is due <b>Friday in advance</b> of week of childcare. Late Fee: A late charge of \$50 will be assessed if payment is not received by Tuesday at 6pm. Late Pickup: A \$35 late fee will be charged if child is picked up after 6pm. DSHS Copay: Due 1 <sup>st</sup> of the month or on 1 <sup>st</sup> day of care. \$50 late fee if paid after 1 <sup>st</sup> day of the month.		
<p>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.</p> <p>I further agree to give a minimum of 2 weeks notice before discontinuing child care at Little Scholars Early Learning Center.</p> <p><b>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</b></p>					
_____ Parent or Guardian Signature		_____ Date		_____ Parent or Guardian Signature	
				_____ Date	
<p>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</p>					
_____ Director Signature			_____ Date		
8202 Steilacoom Blvd. SW		Lakewood, WA. 98498		(253) 327-1822 office	
<b>Comments:</b>					



## 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 \$50 fee will be charged annually to renew enrollment.

### **Additional Care:**

If additional care is needed beyond the amount agreed to in this contract it will be at a rate of \$42 per day for ages 31 months to 5 years, and \$48 per day for ages 12 months to 30 months.

### **DSHS Care:**

If you receive assistance from **DSHS full time enrollment is required**, although **full time approval from DSHS is not required**. Care beyond what is approved by DSHS will be charged at the regular rate noted in the "Additional Care" section of this addendum. Any additional care will be due and payable before services are rendered. Limited DSHS spaces are available.

**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

