



CHILD CARE CONTRACT

605 James Ave 801 Luther Place
 Albert Lea, MN 56007
 507-373-7979

Child's Name _____

Date of Birth _____

Change Effective Date _____

Room _____

Other Funding/
 Discounts _____

Infant	Hourly Rates
40+ HOURS	\$4.70
30-39 HOURS	\$5.00
20-29 HOURS	\$5.50
10-19 HOURS	\$5.90
DROP IN	\$6.70

Toddler	Hourly Rates
40+ HOURS	\$4.30
30-39 HOURS	\$4.55
20-29 HOURS	\$4.90
10-19 HOURS	\$5.40
DROP IN	\$6.45

Pre K	Hourly Rates
40+ HOURS	\$3.80
30-39 HOURS	\$4.05
20-29 HOURS	\$4.30
10-19 HOURS	\$4.80
DROP IN	\$5.95

Please fill in the hours your child will be attending:

Basic Schedule

MON _____ TO _____
 TUES _____ TO _____
 WED _____ TO _____
 THURS _____ TO _____
 FRI _____ TO _____

TOTAL HOURS _____

It is my responsibility to pay for the contracted hours agreed upon regardless of my child's attendance.

Families using Social Services Assistance are still responsible for their contracted hours with us and any balance that is not covered by Assistance.

Payments are due by NOON on Friday of each week. If payment is not received by NOON Friday there will be a \$10.00 late fee charged to your account.

Contracts of 20-29 hours will receive 5 vacation days and contracts over 30 hours will receive 10 days. These days are pro-rated to your start date.

Families using more then 30 Hours will receive a sibling discount off the oldest child.

I will notify my child's teacher immediately if my child will be gone for any reason.

I will notify the office immediately if I need to change contract hours or withdraw my child from the center. Contract changes or terminations need to be in writing and turned in 2 weeks in advance.

I understand if I terminate my contract for any reason I will be charged for the 2 weeks at my contracted rate.

I have received and reviewed the contract and Parent Handbook and agree to the terms within.

Parent's Signature _____

Date _____