



CHILD CARE CONTRACT

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

School Age Contract

Date of Birth _____
 Change Effective Date _____

Room _____
 Other Funding/
 Discounts _____

K-4th Grade School Year	Hourly Rates
10+HOURS	\$4.25
DROP IN	\$6.05

K-4th Grade Summer	Hourly Rates
40+ HOURS	\$3.90
30-39 HOURS	\$4.15
20-29 HOURS	\$4.40
10-19 HOURS	\$4.90
DROP IN	\$6.05

Grade Entering in the Fall _____
 School Attending _____

Please fill in the hours your child will be attending:

Basic Schedule School Year

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

TOTAL HOURS _____

Basic Schedule Summer Session

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 the 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.
 School Age contracts will receive 40 Hours of vacation time with full year attendance.
 Families using more than 30 Hours will receive a sibling discount off 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 _____