



CHILD CARE CONTRACT

605 James Ave and 801 Luther Place

Albert Lea, MN 56007

507-373-7979

Child's Name _____

Date of Birth _____

Start Date _____

**Please fill in the hours your child will be attending:
Basic Schedule**

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

Age Group	Weekly Rate
Infants (6 Weeks - 16 Months)	\$208.00
Toddlers (16 Months - 33 Months)	\$192.00
Preschool (33 Months- Kindergarten)	\$172.00

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.

All families will receive 5 vacation days if attending 12 months. All others will be prorated.

Families using a Credit Card/Debit Card for payment will be assessed a 3% charge on their next statement.

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 withdraw my child from the center.

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 _____