



**CHILD CARE CONTRACT**

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

**School Age Contract**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Entering in the Fall \_\_\_\_\_

School Attending \_\_\_\_\_

**Before/After/Non School Days**

**\$4.85 10 Hour Minimum**

**Summer Rate**

**\$168.00 Weekly Rate**

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

**Basic Schedule School Year**

MON \_\_\_\_\_ TO \_\_\_\_\_  
TUES \_\_\_\_\_ TO \_\_\_\_\_  
WED \_\_\_\_\_ TO \_\_\_\_\_  
THURS \_\_\_\_\_ TO \_\_\_\_\_  
FRI \_\_\_\_\_ TO \_\_\_\_\_

**Basic Schedule Summer Session**

MON \_\_\_\_\_ TO \_\_\_\_\_  
TUES \_\_\_\_\_ TO \_\_\_\_\_  
WED \_\_\_\_\_ TO \_\_\_\_\_  
THURS \_\_\_\_\_ TO \_\_\_\_\_  
FRI \_\_\_\_\_ TO \_\_\_\_\_

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 5 vacation days with full year (12 months) attendance. All others 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 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 \_\_\_\_\_