

Child's Name: _____

Classroom Enrolled In: _____

Date Submitted: _____

Care for the week of: _____

*If no hours are needed for the week, write "No Care Needed" and submit a 10 hour minimum payment.

Contract and payment are due by Monday @10am the week prior

Infant/Toddler Rate

Preschool Rate

Other Rates/Fees

\$7.00 per hour

\$6.25 per hour

\$15 late contract fee

Maximum/week \$230

Maximum/week \$200

\$10/hour non contracted hours

\$.50/hr Sibling Discount (taken off the oldest child's tuition)

Day of the week	Time In	Time Out	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Weekly receipt: ____ yes ____ no

____ Check # or ____ ACH

Parent Signature _____

Total hours _____

Additional hrs to reach 10hr min. _____

Multiply by rate _____

Total payment _____

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