

PARENT/PROVIDER CONTRACT					
Child's Name Parents' Names					
DAYS AND HOURS OF ATTENDANCE					
MONDAYAM/PM toAM/PM  TUESDAYAM/PM toAM/PM					
WEDNESDAYAM/PM toAM/PM					
THURSDAYAM/PM toAM/PM  FRIDAYAM/PM toAM/PM					
My weekly tuition rate is \$ This tuition payment is due at drop off on the first day of my child's attendance each week. My weekly rate DOES NOT change for absences due to illness, holidays, or weather related closings and/or delays. I understand I will be charged a \$10.00 late fee if tuition is not paid on time. If payment is not made within 10 days of due date, my child's attendance at Bright Start Childcare will be terminated.					
If my child is not picked up by our 6pm closing time, I agree to pay \$10.00 cash for every 5 minutes I am late to each teacher in attendance at the time of late pickup.					
I agree to release from liability and to hold harmless any and all staff at Bright Start Childcare & Preschool, LLC from accident, injury and illness or any other consequences arising directly or indirectly from the participation of my child in the program.					
I have received and read a copy of the Parent Handbook. I understand and agree with all policies and procedures.					
PARENT SIGNATURE DATE					
PARENT SIGNATURE DATE					