

# **Cedar County Coordinated Child Care, Inc.**

I agree that my child(ren) \_\_\_\_\_ will  
attend: Preschool

**My child(ren) will attend on the following days and times:**

	AM	PM
Monday -Friday	8AM	12NOON

**My child's anticipated meal pattern will be:**

  X   Breakfast   X   Lunch

My weekly tuition fee will be \$  70  . I understand that I have contracted for the above day(s), following the Tipton Community School District Schedule and will be responsible for paying the full weekly tuition every Friday, prior to the week in which my child(ren) will be attending, even if my child is absent or there is a holiday.

**If tuition is not received by 5:30pm Monday of the current week, your payment is considered late, and a \$5 late fee will be automatically added to your account. If your payment goes uncollected for (5) days, you will be asked to withdraw your child from the program. When tuition is paid currently, you may enroll your child back into the program as openings are available.**

**I understand that this contract is subject to change due to unforeseen circumstances such as tuition increases etc. Tuition rates can be adjusted given 14 days written notice. I have read and understand the Parent Handbook and agree to abide by all policies as they are written.**

\_\_\_\_\_  
Parent(s) Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date