

# Cedar County Coordinated Child Care, Inc.

I agree that my child(ren) \_\_\_\_\_ will attend: **Full-time / Daily.** (Please circle the one that applies.)

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

	AM	PM
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

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

\_\_\_\_ Breakfast (no school day) \_\_\_\_ Lunch (no school day) \_\_\_\_ Pm Snack

My weekly tuition fee will be \$100 school week/\$160 non-school/Summer week. I understand that I have contracted for the above day(s) 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.

I will be allowed two weeks of 5 consecutive missed business days (equaling a total of 10 days) per family per calendar year. This applies to full-time children only. If using a vacation week, I will pay 1/2 of my required tuition fee for that week. This does not include any late fees, if applicable.

**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