

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** ___ **Am Snack** ___ **Lunch** ___ **Pm Snack**

My weekly tuition fee will be \$_____. 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 attending 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 6pm Monday of the current week, your payment is considered late and a \$5 late fee will be 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 current, 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 30 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