

Child/Children's Name(s):



Fees Due

- Fees are due each Monday (or 1st day of care) at drop off for the upcoming week.
- Families are entitled to 10 “sick days” at half-rate to use for days when their child is absent from Little Light Of Mine for any reason (e.g. sick, vacation, doctor appt...etc.)
- If he/she is absent after using 10 “sick days” **full rate will be charged.**
- Sick days renew each year on the child’s registration (anniversary) date
- If a parent is later than contracted pick up time, a fee of \$5 per every 10mins will be charged.

My child(ren) will be at Little Light Of Mine on the following days and hours:

| | Child | Drop-off | Pick-up |
|-----------|-------|----------|---------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

I agree to pay a weekly total of at least \$_____ for the listed days and hours. These are my contracted hours, for which payment will be required by check, cash, or transfer each week. If payment is more than one day late or payment is returned by bank a late fee of \$15/day will be added to weekly fee.

To hold your child's spot for the stated days, all signed forms and non-refundable deposit of \$_____ is required. All childcare spots are first come, first serve.

If there are any other stipulations to this contract they shall be stated here:

Signed: _____

Date: _____

Signed: _____

Date: _____

(Daycare representative)