



*College for Kids*

Intercultural Early Learning

**CHILD CARE AGREEMENT FORM**

### College For Kids Intercultural Early Learning Child Care Agreement

<b>Child's name:</b>		First	Middle	Last			
<b>Parent or guardian name:</b>		First.	Last	SSN			
<b>Parent or guardian name:</b>		First	Last	SSN			
<b>Days and times my child will receive care:</b>							
<b>Days of Care</b>	Sunday	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	Saturday
<b>Arrival time</b>	<b>X</b>						<b>X</b>
<b>Departure time</b>	<b>X</b>						<b>X</b>
<b>Registration Fee:</b> \$100.00		<b>Date payment due:</b> 1st of every month, no later than the 7th.					
<b>Rate:</b>		<b>Source of payment: Private OR DSHS</b>					
<b>Overtime rate:</b> After 10 hours its 1/2 of your daily rate. <b>After 6pm:</b> \$3 charge per child, per minute you are late. <b>Signing Child in &amp; Out Fee:</b> \$1 Fee for not signing child in			<b>Co-pay Late fee:</b> \$20 a day after the 7th, after 3 days of non payment your childcare will be suspended. Until paid in full.				
<b>Other Fees:</b> *NSF: \$40.00 *No Call/No show: \$5.00 *After 10:00am Drop Off Time: \$10.00 per hour *Borrowed Items: \$5.00 <b>Unscheduled pick up from School:</b> \$5.00. See Additional Fees Form							
I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.							
I have read, understand and agree to comply with the policy and procedures and information for parents given to me by							
Name of licensee							
Parent or guardian signature		Date	Parent or guardian signature		Date		
I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.							
Licensee signature			Date				
Street address		City	State	Zip code			
<b>Comments:</b> We have the right to refuse service at any point your account is in delinquency. DSHS will be contacted and informed about your non co-payment.							