



FLCC Schedule Contract

Infant-School Age Care

Child's Name: _____ Birth Date: ____/____/____

**Depending on availability, start dates may be altered to what we can offer based on enrollment*

Classroom:

- Infants
- Tiny Tots
- Early-Pre 1
- Early-Pre 2
- Preschool
- Kinder Ready
- School Age: Before After Both

4K Only:

- AM 4K
- PM 4K

4K Bussing:

- Before After

Please mark (X) the appropriate Schedule Contract Option:

Will be Part Time:

- 3 day a week minimum.
- Must be SAME days every week (additional days are billed when space permits)
- Only available as space permits (Full Time contracts take priority)
- Family discount does not apply

Will be Full Time:

Scheduled Care (10 hour per day cap)	M O N	T U E	W E D	T H U	F R I	Drop off time	Pick up time
Daily Care 6:00 AM-6:00 PM							

Parent/Guardian Signature

____/____/____
Current Date

Please note that there is a 2-week notice needed to change any contracted care.

Date Effective: ____/____/____