

Child's Name _____ Week of: _____

Monday

Tuesday

Wednesday

Thursday

Friday

Please fill in your child's daily schedule for attendance on the top row.

I understand the above time slots are being reserved for my child. I agree to pay the established rate fee for this time.

Drop-in Care: If I need daycare in addition to what I have contracted above I will have to call and verify ratio would allow care for my child. In addition to the established rate, a \$5.00 drop-in fee will apply. I understand if staffing does not allow, my child will not be able to attend.

No Show/Cancellation Fee: If my child does not attend on a day I have contracted for I will be charged that daily rate. I understand if my child is a full time child I have the option to use one of my 5 or 10 Comp Days.

Parent/Legal Guardian Signature: _____ Date: _____

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