

Kidzone

CHILD CARE CONTRACT

My/our child _____ is enrolled at Kidzone.
Name date of birth

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Name date of birth

For the period _____ I/we agree to pay the Contract Total shown on page 2.

WEEKLY SCHEDULE M Time: _____ to _____ W Time: _____ to _____ F Time: _____ to _____
T Time: _____ to _____ TH Time: _____ to _____

1. A non-refundable enrollment fee of \$40.00 will be assessed to newly enrolled children at the time this contract is signed.
2. Payment will be made in advance, every other Monday by 6:00pm. Charges for additional care will be billed on the next billing cycle.
3. A late fee of \$25.00 will be assessed if payment is not received on the day it is due. Payment is due regardless of a child's absence for any reason. (These include children's illnesses, family illness, vacations, doctor's appointments, parent days off work, etc.).
4. Every family that has their child in a full time- 5 days and/or part time- 5 days a week childcare package is entitled to 10 No pay days per calendar year. You must request these no pay days that you want to use in advance by giving a two weeks request in writing to the director in her inbox.
5. Child care will be provided year round, Monday through Friday, 6:00 a.m. – 6:00 p.m., with the following exceptions when the center will be closed:

Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving Break (Thanksgiving including the day before and after)
Christmas Break (Christmas and the week following)

6. Additional fees will be charged for children left in our care after the stated closing time, contract changes, and for insufficient funds checks will be billed on next scheduled billing cycle.
7. We ask everyone to use our current preferred method of payment which is Tuition Express through your checking account to pay your tuition bi-weekly. If you choose not to use this service, you will be charged \$2.50 administration fee bi-weekly for handling fees to process by hand. Other alternatives are to pay by personal check, money order, or payments are accepted by DHS.
8. I/we understand that this contract is binding regardless of changes in center staff, programming, or facility renovation.
9. I/we understand that care may be terminated with (14) days written notice from either party.

