

My contracted hours are:

Monday _____ a.m. _____ p.m.

Tuesday _____ a.m. _____ p.m.

Wednesday _____ a.m. _____ p.m.

Thursday _____ a.m. _____ p.m.

Friday _____ a.m. _____ p.m.

Average Weekly Hours _____

I understand that my weekly rate is \$_____ and is due at the time on Friday of each week before services are rendered. I understand that a \$35 late fee will be added if my payment is not received 9:00 a.m. on Monday. I understand if my child/ children are left at the center for more than 10 hours I will be charged a fee of \$15 per hour per child. I understand that there is a \$15 fee for the first minute that I am late per child and a \$1.00 for every minute after.

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____