# CONTRACT

I/We agree to the following conditions of child care services for:

 D.O.B

 D.O.B

 D.O.B

 D.O.B

I have received a copy of the Parent Handbook and understand my rights and responsibilities as they have been presented. I agree to pay the non-refundable $20.00 family registration fee and one full week of tuition prior to the beginning of the program. I understand that the Center will be closed on certain holidays (refer to the Handbook), but I am responsible for tuition fees for those days. Your child will be served the following meals: Breakfast (8am), Lunch (11:30-12pm), & Snack (3pm). All meals and snacks will be provided if your child is here during these times.

Your child/children will be in daycare this approximate times on the following days:
Mon\_\_\_\_\_\_\_\_\_\_\_ Tues\_\_\_\_\_\_\_\_\_\_\_ Weds\_\_\_\_\_\_\_\_\_\_\_ Thurs\_\_\_\_\_\_\_\_\_\_\_\_ Fri\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Weekly Tuition for one Child:

 From: \_\_\_\_\_\_\_\_ 2nd Child ( -10%)

 To: \_ \_\_\_\_\_\_\_ 3rd Child ( -20%)

 Total Weekly Tuition Due:

Parents/Guardians Chautauqua Lake Child Care Center

Elizabeth Starks, *Executive Director*

 \_\_\_\_\_\_\_

*Name (Please Print)*

*Name (Please Print)*

*Phone*

*Signature*

*Signature*