

Reg. Fee Paid: _____ Security Deposit Paid: _____



445 Allentown Drive, Allentown, PA 18109 (610) 434-2644

CONTRACT AGREEMENT/RATE SHEET

WEEKLY CHILD CARE SCHEDULE _____ Full Time Care _____ Part Time Care

Child's Name: _____ Date Care to Begin: _____
(or in a New Classroom)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival Time					
Departure Time					

Full Time is considered to be four or five days a week **not to exceed 10 hours per day** of scheduled time.

Part Time is considered permanent, scheduled time of either one to three days each week for up to 10 hours per day. Part Time wraparound care for before and/or after PreK Counts is for 1 to 4 hours everyday.

TUITION RATES:

	Full Time (Up to 10 hours per day)	Daily Rate - Part Time (Per day 1 to 10 hours)	Wraparound PKC Weekly Rate Part Time (Per day 1-4 hours)
INFANT & I/T TRANSITION			
Classrooms	\$ 243.00	\$ 64.00	
With diapers	\$ 248.00	\$ 66.00	
TODDLER Classroom			
	\$ 220.00	\$ 61.00	
With diapers	\$ 225.00	\$ 63.00	
PRESCHOOL/PRE-K Classrooms			
3 - 5 year olds	\$ 195.00	\$ 60.00	\$ 125.00

I have read the Family Handbook and Contract Agreement for Child Care Services. I understand the terms and conditions for payment of tuition based on this schedule.

Tuition is due on Fridays for the following week.

I agree to pay a late charge of \$1.00 per day, if tuition is past due. I agree that my tuition will be paid weekly, at a minimum. I agree to pay an additional charge for late pick-ups (including after my scheduled contract time listed above or after the center closes at 5:45 pm) as per the Family Handbook.

Any adjustments to the above hours must be approved by Management in advance. I agree to give the center two week's written notice for changes including termination of this contract. Designated release persons are listed on my emergency form.

Parent/Guardian Signature: _____ Date: _____

The Cuddle Zone Learning Center, Inc.

For Six Month review: I have reviewed my child's contract. Changes were noted.

Signature: _____ Date: _____

Reg. Fee Paid: _____ Security Deposit Paid: _____

Owner/Director's Signature: _____ Date: _____

For Six Month review: I have reviewed my child's contract. Changes were noted.

Signature: _____ Date: _____