

Reg. Fee Paid: _____ Security Deposit Paid: _____



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

SCHOOL AGE CONTRACT AGREEMENT/RATE SHEET

WEEKLY CHILD CARE SCHEDULE

_____ Ritter Elem AM only _____ Mosser Elem _____ Sheckler Elem _____ Cuddle Zone Kindg
_____ Executive Educ Charter _____ Kindg Required hours 8:30 -11

Before School Grades 1 – 5
_____ \$ 75.00 for **1 - 2 hours per day** – additional \$35 due per day for days off from school, \$15 for late starts

Before/After School Grades 1 - 5
_____ \$ 135.00 for **3 - 4 hours per day** – additional \$15 due per day for days off from school, early dismissals and late starts

Before and After School Grades K - 5
_____ \$185.00 **5 hrs.or more per day** - rate includes days off from school, early dismissals and late starts

_____ Full Time Kindg \$185.00 _____ Part Time Summer \$58.00/day

Child's Name: _____ Date Care Begins: _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

MORNING:
Arrival Time _____

AFTERNOON:
Departure Time _____

You will be responsible to transport your child if you arrive after the bus leaves. Parents are responsible to pay for any damages that occur due to vandalism on the bus or van. Our services include breakfast for all children arriving before 8:00 a.m. (7:40 am for Exec) on school days and afternoon snacks. On days off from school lunch is provided.

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: _____

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Owner/Director's Signature: _____ Date: _____

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

Signature: _____ Date: _____