

Reg. Fee Paid: \_\_\_\_\_ Security Deposit Paid: \_\_\_\_\_



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

### Infant/Toddler TITLE 20 CONTRACT AGREEMENT/RATE SHEET

WEEKLY CHILD CARE SCHEDULE \_\_\_\_\_ Full Time Care \_\_\_\_\_ Part Time Care

Child's Name: \_\_\_\_\_ Date Care to Begin: \_\_\_\_\_

\_\_\_\_\_ Infant & I/T transition \_\_\_\_\_ Toddler

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival Time	_____				
Departure Time	_____				

TUITION RATES: Weekly Copay: \$ \_\_\_\_\_ as of \_\_\_\_\_

In addition to weekly copay amount, the following add on will be payable weekly  
\$12.00 fee towards balancing weekly rate received from Title 20.

Tuition includes Formula (Similac Pro Advance), Baby Cereal, Diapers and wipes  
Diaper Size: \_\_\_\_\_

\$ \_\_\_\_\_ Total amount due weekly

Our services include breakfast for all children arriving by 8:15 am. Lunch and afternoon snack are also included, if your child is present for meal time. If your child is arriving late, please call the center prior to 10:00 am to add them to lunch count.

Contract times must be less than 9-1/2 hours per day. Children may not arrive prior to their contract arrival time and must be picked up no later than departure time list above. Currently, the earliest arrival time is 7 am and latest the center is open is 5 pm.

I have read the Parent Handbook and Agreement for Child Care Services and I understand the terms and conditions for payment of tuition based on this schedule. I have read the Policies and Procedures Related to COVID-19. I understand that tuition MUST be paid before care, for my child to attend. Tuition is due weekly in advance whether or not the child attends. I agree to pay late pick-up fees (including after my contract time or after the center closes at 5:00 pm) as per the Parent 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.  
Owner/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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