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

CONTRACT AGREEMENT/RATE SHEET

<u>WEEKLY CHILD CARE SCHEDULE</u>   _____ 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 **9 1/2 hours or less per day** of scheduled time.

Part Time is considered permanent, scheduled time of either two or three days each week for up to 9 1/2 hours per day. Part Time wraparound care for before and/or after PreK Counts is for 1 to 4 hours everyday.

<u>TUITION RATES:</u>

	Full Time (Up to 9 1/2 hours per day)	Daily Rate - Part Time (Per day 1 to 9 1/2 hours)	Wraparound or AM PreK Weekly Rate Part Time (Per day 1-4 hours)
PRESCHOOL/PRE-K Classrooms 3 - 5 year olds	$ 210.00	$ 60.00	$ 140.00

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 the lunch count.

Contract times must be 9 1/2 hours or less per day. Children may not arrive prior to their contract arrival time and must be picked up no later than departure time list above. Our earliest arrival time is 7:00 am and latest the center is open is 5:00 pm. This may be subject to change.
I have read the Family Handbook and Agreement for Child Care Services and I understand the terms and conditions for payment of tuition based on this schedule. I understand that tuition MUST be paid before care, for my child to attend. Tuition is due <u>in advance</u> 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 Family Handbook. Any adjustments to the above hours must be approved by Management in advance. I agree to follow the Policies and Procedures in the Family Handbook. 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: _____