



Amount Paid _____
Check # _____ Cash _____ Credit Card _____

SCHOOL AGE PROGRAM CONTRACT Year _____

Agreement between _____ and the Jefferson Child Care & Education Center for services to _____
(Parent or Guardian) (Child's Name/Date of Birth)
Effective on: _____.

CONTRACTED SERVICES

School Attending: _____ Grade: _____

Days of Services: Five Days _____ **or** Monday, Wednesday, Friday: _____ **or** Tuesday & Thursday _____
(Please Choose One)
Before _____ After _____ Both _____

The weekly fee for this service is: _____ **per week**

Due upon registration: _____ + _____ + _____ = _____
Non-Refundable 2 wk Security 1st week Total Due
Registration Fee Deposit of care

I agree to pay the weekly fee no later than Thursday for the following week.

I acknowledge that the tuition fee remains the same, regardless of my child's attendance: since I am paying for enrollment in the Jefferson Child Care & Education Center

I understand that **no reduction** in my fee will be made for my child's absence due to sickness, vacation, holidays, snow days or other emergencies beyond our control (example: lack of heat or water) when the Center is closed.

I understand that the Center requires two weeks notice of withdrawal from the program. Failure to provide notice may result in forfeit of deposit.

I have read and agree with the policies and procedures outlined in the Parent Handbook.

I further agree to inform the Center regarding changes in circumstances.

I understand that financial assistance may be available to eligible families.

Date Signature of Parent/Guardian

Date Signature of Center Representative