

**2024-2025 School Year
CONTRACT FOR SERVICES
ARC Preschool**

CHILD/CHILDREN'S NAME(S): _____

I, _____ [person placing child(ren)] do hereby enter into the following Contract for Services with the Galena Art and Recreation Center (ARC) Preschool Program. My child shall attend the Preschool Program following the set weekly schedule below, and I understand this will be their committed schedule for the school year. Each family is allowed one week vacation, non-paid, with a 2 week written notice, all other weeks will be billed based on my contracted schedule.

My child's schedule will be:

_____ 5 days/week ALL DAY	\$180/week	
_____ 5 days/week AM	\$110/week	
_____ 5 days/week PM	\$125/week	
_____ 4 days/week ALL DAY	\$160/week	Days attending _____
_____ 4 days/week AM	\$100/week	Days attending _____
_____ 3 days/week ALL DAY	\$120/week	Days attending _____
_____ 3 days/week AM	\$90/week	Days attending _____
_____ 2 days/week ALL DAY	\$80/week	Days attending _____
_____ 2 days week AM	\$70/week	Days attending _____

Weekly fees are due every Friday, unless arrangements are made with the Childcare Director (or a daily late fee of \$5.00 will be charged). All children attending the PM program are required by the state of Illinois to participate in our hot lunch program. Fees for lunch are included in the above monthly tuition. I agree to pay the one-time registration fee of \$30. If interested, full day "Camp Preschool" care (CC-on preschool calendar attached) is available when preschool is not in session (school holidays etc) for an additional fee. See Preschool Calendar for dates.

I (we) understand and agree to abide by the terms as stated in this contract. This contract must be turned in with the handbook receipt, stating that I (we) have read and agree to follow all ARC policies. I also understand that from time to time new policies may be implemented or changed as needed. I understand that I will be notified of such changes.

Address _____ Phone # _____

Signatures _____ Date: _____
Parent/Guardian

Emails: _____

OFFICE USE ONLY

_____ Weekly Tuition _____ Registration Fee _____ Cash or Check# Date _____