

2023-2024 School Year CONTRACT FOR SERVICES Scales Mound Preschool



CHILD/CHILDREN'S NAME(S):_____

I, _____ [person placing student] do hereby enter into the following Contract for Services with the Scales Mound Daycare Center 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. If I need to change this schedule, a two-week notice must be given. If notice is less than two weeks, parents will remain responsible for two weeks payment.

My child's schedule will be: 5 days/week AM \$425/n 5 days/week AM/PM \$66			
4 days/week AM 4 days week AM/PM	•	s attending ttending	
3 days/week AM	\$325/month	Days attending	
3 days week AM/PM	\$475/month	Days attending	
2 days/week AM	\$270/month	Days attending	
2 days/week AM/PM	\$380/month	Days attending	

CRITTER CAMP DAYS- 7:00 AM-5:30 PM

(Scales Mound Day Care Center) SCHEDULE (parents - check one):

[] I would like my student to attend ALL Cool Camp days

[] I would like my student ONLY to attend Cool Camp days that fall on his/her regular scheduled days (listed above)

[] I would like to opt OUT of all Cool Camp days and sign up for them on an as needed basis

FEES (guardian – check one if Cool Camp care is needed):

[] \$40/day-1 child

I agree to pay the following tuition by the 1st of each month (or a daily late fee of \$5.00 will be charged). If families would like to pay *weekly*. prior arrangements must be made with the Childcare Director. Weekly fees are due every Friday (or a daily late fee of \$5.00 will be charged If interested, full day "Critter Camp" 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	Parent/Guardian		Da	.te:	
Emails:					
OFFICE USE ONLY					
Monthly OR	Weekly Tuition	Registration Fees			
Amount needed to	begin Preschool	Cash or Check #	_Date		