



**CHILD CARE CONTRACT**  
605 James Ave and 801 Luther Place  
Albert Lea, MN 56007  
507-373-7979

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Start Date \_\_\_\_\_

**Please fill in the hours your child will be attending:**

**Basic Schedule**

MON \_\_\_\_\_ TO \_\_\_\_\_  
TUES \_\_\_\_\_ TO \_\_\_\_\_  
WED \_\_\_\_\_ TO \_\_\_\_\_  
THURS \_\_\_\_\_ TO \_\_\_\_\_  
FRI \_\_\_\_\_ TO \_\_\_\_\_

Age Group	Weekly Rate
<b>Infants (6 Weeks - 16 Months)</b>	<b>\$230.00</b>
<b>Toddlers (16 Months - 33 Months)</b>	<b>\$213.00</b>
<b>Preschool (33 Months- Kindergarten)</b>	<b>\$192.00</b>

It is my responsibility to pay for the contracted hours agreed upon regardless of my child's attendance. I will also continue to pay my weekly contract if The Children's Center needs to shut down for an unknown cause. Families using Social Services Assistance are still responsible for their contracted hours with us and any balance that is not covered by the Assistance.

Payments are due by NOON on Friday of each week. If payment is not received by NOON Friday there will be a \$20.00 late fee charged to your account.

All families will receive 5 vacation days if attending 12 months. All others will be prorated.

Families using a Credit Card/Debit Card for payment will be assessed a 3% charge on their next statement.

I will notify my child's teacher immediately if my child will be gone for any reason. I will notify the office immediately if I need to withdraw my child from the center. Terminations need to be in writing and turned in 2 weeks in advance.

I understand if I terminate my contract for any reason I will be charged for the 2 weeks at my contracted rate.

I have received and reviewed the contract and Parent Handbook and agree to the terms within.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



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**School Age Contract**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Entering in the Fall \_\_\_\_\_

School Attending \_\_\_\_\_

**Before/After/Non School Days**

**\$6.00 10 Hour Minimum**

**Summer Rate**

**\$192.00 Weekly Rate**

**Please fill in the hours your child will be attending:**

**Basic Schedule School Year**

**Basic Schedule Summer Session**

**Before School**

**After School**

MON _____ TO _____	_____ TO _____
TUES _____ TO _____	_____ TO _____
WED _____ TO _____	_____ TO _____
THURS _____ TO _____	_____ TO _____
FRI _____ TO _____	_____ TO _____

MON _____ TO _____
TUES _____ TO _____
WED _____ TO _____
THURS _____ TO _____
FRI _____ TO _____

It is my responsibility to pay for the contracted hours agreed upon regardless of my child's attendance.  
 I will also continue to pay my weekly contract if The Children's Center needs to shut down for an unknown cause.  
 Families using Social Services Assistance are still responsible for their contracted hours with us and any balance that is not covered by the Assistance.  
 Payments are due by NOON on Friday of each week. If payment is not received by NOON Friday there will be a \$20.00 late fee charged to your account.  
 School Age contracts will receive 5 vacation days with full year (12 months) attendance. All others prorated.

Families using a Credit Card/Debit Card for payment will be assessed a 3% charge on their next statement.  
 I will notify my child's teacher immediately if my child will be gone for any reason.  
 I will notify the office immediately if I withdraw my child from the center.  
 Terminations need to be in writing and turned in 2 weeks in advance.

I understand if I terminate my contract for any reason I will be charged for the 2 weeks at my contracted rate.

I have received and reviewed the contract and Parent Handbook and agree to the terms within.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_