



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
Infants (6 Weeks - 16 Months)	\$242.00
Toddlers (16 Months - 33 Months)	\$224.00
Preschool (33 Months- Kindergarten)	\$202.00

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 _____



CHILD CARE CONTRACT

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School Age Contract

January 1, 2024

Child's Name _____

Date of Birth _____

Grade Entering in the Fall _____

School Attending _____

Before/After School Days

\$6.20 per hour 10 Hour Minimum

Non School Day Rate

\$40.00 Daily Rate

Please fill in the hours your child will be attending:

Basic Schedule School Year

Before School

After School

MON _____ TO _____

_____ TO _____

TUES _____ TO _____

_____ TO _____

WED _____ TO _____

_____ TO _____

THURS _____ TO _____

_____ TO _____

FRI _____ TO _____

_____ TO _____

Non School Days

1/2/2024

1/15/2024

2/19/2024

2/26/2024

3/11/2024

3/12/2024

3/13/2024

3/14/2024

3/15/2024

3/29/2024

5/23/2024

5/24/2024

My Child will Attend/Be charged for the following Days

Non School Day: Mark days and times your child will attend. Families will be charged for these days unless a 2 week notice is given to office that child will not be attending.

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 Rev 8/18/22

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 _____



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**School Age Contract
Summer Contract
May 27, 2024 to August 2024**

Child's Name _____

Date of Birth _____

Grade Entering in the Fall _____

School Attending _____

Summer Rate

\$202.00 Weekly Rate

Basic Schedule Summer Session

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.

A monthly activity fee of \$25.00 will be charged to cover activities and bussing

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 _____