



**CHILD CARE CONTRACT**

605 James Ave  
 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)	\$255.00
Toddlers (16 Months - 33 Months)	\$235.00
Preschool (33 Months- Kindergarten)	\$215.00

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 Child Care 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 \$25.00 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 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**

605 James Ave  
Albert Lea, MN 56007  
507-373-7979

**School Age Contract  
Summer Contract  
June 2, 2025 to August 2025**

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

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

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

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

**Summer Rate**

**\$210.00 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 Child Care 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 \$25.00 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 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 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 \_\_\_\_\_



**CHILD CARE CONTRACT**

605 James Ave  
 Albert Lea, MN 56007  
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**School Age Contract**

Effective 1/6/2025

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

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

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

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

**Before/After School Days**

\$7.00 per hour 10 Hour Minimum

**Non School Day Rate**

\$40.00 Daily Rate if Scheduled and Do Not Attend

Please fill in the hours your child will be attending:

Non School Days	Will Attend	Will Not Attend
1/2/2025	_____	_____
1/3/2025	_____	_____
1/20/2025	_____	_____
2/14/2025	_____	_____
2/17/2025	_____	_____
2/24/2025	_____	_____
3/17/2025	_____	_____
3/18/2025	_____	_____
3/19/2025	_____	_____
3/20/2025	_____	_____
3/21/2025	_____	_____
4/18/2025	_____	_____
4/21/2025	_____	_____
5/29/2025	_____	_____
5/30/2025	_____	_____

**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 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 Child Care 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 \$25.00 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 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 \_\_\_\_\_