Day Care

# Permanent Schedule

**Day Care Hours**

**7:00am – 6:00pm**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date | Scheduled Time  Record the time-frame (i.e. 7:00-8:10a, 3:00-6:00p) |

|  |  |
| --- | --- |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |

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* **Cost of day care is $6.00 per hour, per child**
* Late pick up charges (after 6 pm) will result in a $10.00 charge for the first 10 minutes, and a $15.00 charge for each five-minute period thereafter
* Cancellations 48 hours in advance will not be charged
* **There is no drop in day care**
* Payment for scheduled hours are due regardless of child’s attendance 1 week in advance
* Accounts past due will result in suspension of day care use until account is current
* **A registration form and printed schedule must be on file in order for care to be provided**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only: 48 hours Y/N Staff Initial\_\_\_\_\_\_\_