**Child's Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade going into**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Sacred Hearts 4K Wrap Care Contract**

**September 12, 2022- June 2, 2023**

**Please circle the days that care is needed** Monday Tuesday Wednesday Thursday Friday

 **Times of care**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4K Wrap care**

\_\_\_\_\_\_\_ F**ULL DAY CARE** (**MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY)**

Price: $41.00 per day

\_\_\_\_\_\_\_\_**PART DAY CARE** (**MONDAY, TUESDAY, WEDNESDAY, THURSDAY, and FRIDAY**)

Price: $31.00 per day for 4 hours or less

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 **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Weekly Amount**

**Agreement terms:**

* I understand that my tuition payments need to be current before my child(ren) are registered for the next year.
* I understand that this is our regular fee each week, regardless of days missed due to illness, other activities or holidays.
* Entitled to 1 week of vacation of a child’s daycare schedule. (Ex: 3 days/week = 3 vacation day).
* I understand that a registration fee of $40.00/family is required upon new enrollment.
* If I choose to withdraw from the program, I will give the director a two -week written notice otherwise be charged for two additional weeks.
* I agree to contact the center if my child(ren) will not be in daycare on a given day.
* I will provide the staff with current emergency phone numbers, and keep staff up to date on allergies, disabilities, or special conditions of my child(ren).
* Monthly fees are due in advance by the 25h of the month.
* Fees must be paid electronically through FACTS monthly billing system.
* A fee of $10 will be charged from FACTS for the use of the payment system. This is a FACTS institution fee and Sacred Heart does not benefit from this fee.

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**