

Wiggles & Giggles Agreement

School Year _____

Child's Name: _____

Services provided as part of the daycare fee:

*Cereal Breakfast before 8:00am (Toddlers/3's) *Afternoon Snack (Toddlers/3's) *Diapers, Wipes, Cream

Center Hours: 6:30am-5:30pm **Late fee:** \$1.00/min after 5:30pm

| Fees | <u>Infants</u> | <u>Toddlers</u> | <u>Non Potty Trained Three's</u> | <u>Potty Trained Three's *</u> |
|-------------|-----------------------|------------------------|---|---------------------------------------|
| | 2 days \$92 | 2 days \$87 | 2 days \$82 | 2 days-\$71 |
| | 3 days \$133 | 3 days \$125 | 3 days \$117 | 3 days-\$102 |
| | 4 days \$173 | 4 days \$165 | 4 days \$153 | 4 days-\$135 |
| | 5 days \$212 | 5 days \$202 | 5 days \$189 | 5 days-\$167 |

Minimum of two days

If dropped off more than 15 min before arrival time or picked up more than 15 min after departure time (without notice)- \$3

Payments are due the Friday before or the Monday of the week of care.

*A child will be considered potty trained when he/she goes one week without having an accident while in our care.

Schedule

Circle the days your child will attend Wiggles & Giggles: M T W TH F

Child's Arrival Time: _____,

Child's Departure Time: _____

I, the Parent/Guardian:

received complete written program information at the time of enrollment (\$ 3270.121,3280.121,3290.121)

agree to update emergency contact/parental consent form/information whenever changes occur or every 6 months at a minimum. (\$3270.124, 3280.124, 3290.124)

consent that my child may be released to the people I have indicated on the Emergency Contact Form (3270.123(a)(5))

understand that if I need a longer than contracted day, I must submit a written notice (located on the payment desk) 2 days prior to the day of care to receive the SLCD rate. Otherwise, any longer than contracted days will be billed at the ULCD rate.

Signature—Parent/Guardian

Date

Signature— Operator

Date

6 Month Update: _____

Signature—Parent/Guardian

Date

Office use only:

Date of Child's Admission: _____ Date of Child's Withdrawal: _____

Payment of registration fee: Y N Amount: _____ Check #: _____ Cash: _____